SECTION 404 (2) (c) Part 4 TOTAL CMHSP COSTS BY SERVICE CATEGORY AND CMHSP FY 2006

Persons with Developmental Disabilities (DD)

<u>Overview</u>

The data that are presented in this section were provided by CMHSPs as required by the FY 2006 MDCH/CMHSP contract. Cost data were collected from October 1, 2005 to September 30, 2006 and submitted to MDCH by January 31, 2007. The data in this section represent the total costs associated with providing services to persons with developmental disabilities (DD) by service category for each of the 46 CMHSPs within the State of Michigan. Persons with developmental disabilities include adults and children.

Definitions for terms found in this section are presented in Section 404(3).

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Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	l	365	\$96,416	\$96,416	\$264	365
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			,	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	- \$0	\$0	\$0	0
Medication Administration		90772		Encounter	2	17	\$1,536	\$768	\$90	9
Medication Administration		90782		Encounter	2	9	\$813	\$407	\$90	5
Medication Administration		90788		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801		Encounter	48	51	\$9,161	\$191	\$180	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	39	247	\$18,367	\$471	\$74	6
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	34	271	\$37,582	\$1,105	\$139	8
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	4	4	\$880	\$220	\$220	1

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Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	. 0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	6	24	\$2,732	\$455	\$114	4
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	102	425	\$40,133	\$393	\$94	4
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	. 0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	14	17	\$3,905	\$279	\$230	1
Speech & Language Therapy		92507		Encounter	5	19	\$4,001	\$800	\$211	4
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy	•	92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation, Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	\$0	\$0	\$0	0
Assessments-Testing		96100		Hour	1	2	\$348	\$348	\$174	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			13	29	\$5,051	\$389	\$174	2
Psychological Testing by Technician (Children's Waiver)		96102			0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	1	2	\$307	\$307	\$154	2
Assessments-Testing		96115		Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	\$0	\$0	\$0	0
Assessments-Testing		96117		Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category		Persons with Developmental Disabilities				Fiscal `	State of Michigan			
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Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	4	4	\$511	\$128	\$128	1
Occupational Therapy		97004		Encounter	27	38	\$5,220	\$193	\$137	1
Occupational or Physical Therapy		97110		15 Minutes	14	40	\$1,421	\$102	\$36	3
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	2	8	\$284	\$142	\$36	4
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504		15 Minutes	2	5	\$344	\$172	\$69	3
Occupational or Physical Therapy		97530		15 Minutes	27	197	\$7,174	\$266	\$36	7
Occupational or Physical Therapy		97532		15 Minutes	6	26	\$923	\$154	\$36	4
Occupational or Physical Therapy		97533		15 Minutes	8	71	\$2,557	\$320	\$36	9
Occupational or Physical Therapy		97535		15 Minutes	18	96	\$3,551	\$197	\$37	5
Occupational or Physical Therapy		97537		15 Minutes	2	8	\$284	\$142	\$36	4
Occupational or Physical Therapy		97542		15 Minutes	9	44	\$1,563	\$174	\$36	5
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services	***************************************	97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
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Additional Codes-Physician Services

30 Minutes or less

Encounter

Encounter

Encounter

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Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	***************************************	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0 .	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	. 0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridontal, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
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Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351			0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	3	3	\$135	\$45	\$45	1
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	34	34	\$4,623	\$136	\$ 136	1
Treatment Planning		H0032		Encounter	111	201	\$19,080	\$172	\$95	2
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	1	247	\$9,841	\$9,841	\$40	247
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	2	223	\$12,113	\$6,057	\$54	112
Community Living Supports in Independent living/own home		H0043		Per diem	20	6,139	\$1,256,311	\$62,816	\$205	307
Respite	·	H0045		Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	27	42	\$3,300	\$122	\$79	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	2	7	\$272	\$136	\$39	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		I5 minutes	92	118,427	\$1,019,786	\$11,085	\$9	1,287
Community Living Supports (15 Minutes)		H2015		15 Minutes	144	630,226	\$2,103,998	\$14,611	\$3	4,377
Community Living Supports (Daily)		H2016		Per Diem	7	1,039	\$97,725	\$13,961	\$94	148
Community Living Supports (Daily)		H2016	TF	Per Diem	11	2,704	\$75,301	\$6,846	\$28	246
Community Living Supports (Daily)		H2016	TG	Per Diem	43	10,635	\$576,905	\$13,416	\$54	247
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021	v	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	5	240	\$49,037	\$9,807	\$204	48
Supported Employment Services		H2023		15 minutes	172	35,290	\$756,008	\$4,395	\$21	205
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	19	19	\$1,573	\$83	\$83	1
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	11	125	\$44,964	\$4,088	\$360	11
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	2	13	\$1,009	\$505	\$78	7
Chore Services		S5120		15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care	<u>,</u>	S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	68	54,186	\$47,479	\$698	\$1	797
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	1	12	\$447	\$447	\$37	12
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	2	38	\$1,776	\$888	\$47	19
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123			0	0	\$0	\$0	\$0	0

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Allegan				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124			0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	TE	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Reidential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Health Services		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	52	54	\$4,447	\$86	\$82	1
Health Services		T1002		Up to 15 min	58	2,024	\$32,709	\$564	\$16	35
Health Services		T1003		Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005		15 minutes	1	47	\$684	\$684	\$15	47
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	363	12,050	\$1,383,887	\$3,812	\$115	33
Targeted Case Management		T1017		15 minutes	7	8	\$6,697	\$957	\$837	1
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1	3	\$201	\$201	\$67	3
Personal Care in Licensed Specialized Residential Setting		T1020		Days	10	1,929	\$11,331	\$1,133	\$6	193
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	9	2,343	\$57,294	\$6,366	\$24	260
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	28	8,764	\$1,122,818	\$40,101	\$128	313
Assessments		T1023		Encounter	6	7	\$785	\$131	\$112	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		***	0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Ноиг	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	2	20	\$6,280	\$3,140	\$314	10
Fiscal Intermediary Services		T2025		Month	41	282	\$44,360	\$1,082	\$157	7
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				***	0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'I' Codes		ALL			2	0	\$221	\$111	\$0	0
Total Population and Cost					395		\$8,998,461			

AuSable Valley				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	1	348	\$86,119	\$86,119	\$247	348
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		•	# of treatments	0	0	\$0	\$0	. \$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	. 0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636	_		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90782	****	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	,	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801		Encounter	74	88	\$10,492	\$142	\$119	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	. 0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	12	74	\$2,324	\$194	\$31	6
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	16	72	\$4,671	\$292	\$65	5
Therapy-Individual Therapy		90807	-	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
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State of Michigan

CMHSP Cost Data by Service Category

Persons with Developmental Disabilities

AuSable Valley				-						_
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	3	5	\$468	\$156	\$94	2
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	1	10	\$329	\$329	\$33	10
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	98	565	\$29,494	\$301	\$52	6
Additional Codes-ECT Physician		90870	,.	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	1	1	\$62	\$62	\$62	1
Speech & Language Therapy		92506		Encounter	23	45	\$2,764	\$120	\$61	2
Speech & Language Therapy		92507		Encounter	10	30	\$2,805	\$281	\$94	3
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	\$0	\$0	\$0	0
Assessments-Testing		96100		Hour	6	11	\$1,029	\$172	\$94	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102			0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	6	11	\$1,029	\$172	\$94	2
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115		Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	\$0	\$0	\$0	0
Assessments-Testing		96117		Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category		Persons with Developmental Disabilities						Fiscal Year 2005-2006				
AuSable Valley Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case		
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	\$0	\$0	\$0	0		
Physical Therany		97001		Encounter			\$0	\$0	£0	0		

Ausable Valley				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	2	2	\$183	\$92	\$92	1
Occupational Therapy		97004		Encounter	8	15	\$901	\$113	\$60	2
Occupational or Physical Therapy		97110		15 Minutes	5	8	\$84	\$17	\$11	2
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	.0
Occupational Therapy		97504		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	26	\$2,185	\$2,185	\$84	26
Occupational or Physical Therapy		97532		15 Minutes	1	1	\$92	\$92	\$92	1
Occupational or Physical Therapy		97533		15 Minutes	1	10	\$859	\$859	\$86	10
Occupational or Physical Therapy		97535		15 Minutes	1	8	\$553	\$553	\$69	8
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232			0 .	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0

Civilist Cost Data by Scivice Category		1 013011	3 Will Devel	opinemai Disaomnes		1 13041 1	Cai 2003-2000		State 01	Wilchigan
AuSable Valley Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services	Trovendo Codo	99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	
Transportation		A0100			0	0		\$0	\$0	0
Transportation		A0100		Per one-way trip Per one-way trip	0	0	\$0 \$0	\$0		0
Transportation		A0110		rei one-way trip	0	0	\$0 \$0	\$0	\$0 \$0	0
Transportation		A0130			0	0	\$0	\$0	\$0 \$0	
Transportation		A0140			0		\$0	- \$0	\$0	0
		A0160		Per Mile	0	0	\$0			0
Transportation		A0170		rei wiie	0	0	\$0	\$0 \$0	\$0	0
Transportation Additional Codes-Transportation		A0170 A0425		Per Mile	0	0	\$0 \$0	\$0	\$0 \$0	0
Additional Codes-Transportation	· · · · · · · · · · · · · · · · · · ·	A0423			0	0	\$0	\$0		0
Additional codes - Transportation Additional codes - Transportation		A0427 A0428		Refer to code descriptions.	0	0	\$0	\$0	\$0 \$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
		D0130			0	0				0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0 \$0	\$0	0
Intraoral periapical		D0230			0	0	\$0 \$0	\$0 \$0	\$0	0
Bitewings Prophylaxis Adult		D1110			0	0		\$0	\$0 \$0	0
		D2330			0	0	\$0 \$0	\$0		0
Resin based comp-one surface, ant		D2331			0	0			\$0	0
Resin based comp-two surfaces, ant		D2331 D2332			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332 D2391			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391 D2392			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post							\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridontal, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0

AuSable Valley				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351			0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	1	1	\$94	\$94	\$94	1
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	20	14	\$1,310	\$66	\$94	1
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services	,	H0036		15 Minutes	1	67	\$1,567	\$1,567	\$23	67
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services	•	H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		· · · · · · · · · · · · · · · · · · ·	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	32	9,996	\$1,387,262	\$43,352	\$139	312
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	5	73	\$1,743	\$349	\$24	15
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	89	26,345	\$383,534	\$4,309	\$15	296
Community Living Supports (15 Minutes)		H2015		15 Minutes	120	229,890	\$2,038,280	\$16,986	\$9	1,916
Community Living Supports (Daily)		H2016		Per Diem	I	365	\$92,528	\$92,528	\$254	365
Community Living Supports (Daily)		H2016	TF	Per Diem	12	3,731	\$474,311	\$39,526	\$127	311
Community Living Supports (Daily)		H2016	TG	Per Diem	30	8,124	\$1,211,718	\$40,391	\$149	271
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	25	11,350	\$165,266	\$6,611	\$15	454
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	- ///	Encounter	1	3	\$432	\$432	\$144	3
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120		15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	17	19,884	\$13,063	\$768	\$1	1,170
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		\$5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	·	S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	
Private Duty Nursing		S9123		****	0	0	\$0	\$0	\$0	
<u> </u>										· · · · · · · · · · · · · · · · · · ·

AuSable Valley				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		\$9124			0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	TE	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	. 0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Reidential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Health Services		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	36	66	\$2,783	\$77	\$42	2
Health Services		T1002		Up to 15 min	62	264	\$2,783	\$45	\$11	4
Health Services		T1003		Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005		15 minutes	3	3,777	\$10,967	\$3,656	\$3	1,259
Family Psycho-Education	,	T1015		Encounter	0	0	\$0	\$0	\$0	. 0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	135	1,552	\$61,316	\$454	\$40	11
Targeted Case Management		T1017		15 minutes	143	2,413	\$45,549	\$319	\$19	17
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	. 0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	21	4,952	\$38,138	\$1,816	. \$8	236
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	10	2,297	\$71,661	\$7,166	\$31	230
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	14	4,590	\$197,887	\$14,135	\$43	328
Assessments		T1023		Encounter	4	4	\$374	\$94	\$94	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	\$0	. \$0	\$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	1	4	\$438	\$438	\$110	4
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					226		\$6,349,447			

Page 2c4-13

CMHSP Cost Data by Service Category

CMHSP Cost Data by Service Category	Persons with Developmental Disabilities				Fiscal		State of Michigan			
Barry				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	1	365	\$97,090	\$97,090	\$266	365
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154	*	PT73	Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	0	. 0	\$0	\$0	\$0	0
Medication Administration		90782		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801		Encounter	3	3	\$777	\$259	\$259	1 .
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	20	51	\$5,178	\$259	\$102	3
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	34	79	\$8,803	\$259	\$111	2
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1	1	\$259	\$259	\$259	1

Michigan Department of Community Health 05/31/2007

State of Michigan

CMHSP Cost Data by Service Category

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Barry				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	Ý	90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	*	90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	-	Encounter	13	48	\$3,366	\$259	\$70	4
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	2	2	\$218	\$109	\$109	1
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	22	79	\$5,696	\$259	\$72	4
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	7	7	\$1,291	\$184	\$184	1
Speech & Language Therapy		92507		Encounter	21	107	\$3,339	\$159	\$31	5
Speech & Language Therapy		92508		Encounter	11	42	\$684	\$62	\$16	4
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	-	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation, Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	\$0	\$0	\$0	0
Assessments-Testing		96100		Hour	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102			3	4	\$573	\$191	\$143	-1
Psychological Testing by Comp (Children's Waiver)		96103			0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115		Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	\$0	\$0	\$0	0
Assessments-Testing		96117		Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	\$0	\$0	\$0	0
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Michigan Department of Community Health 05/31/2007 Page 2c4-14

No. page Pag	Barry				Unit						
Proposed Theory 1970	Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Property Property											0
Decemental Phenapy 9703										····	
											0
					Encounter		29		\$165	\$165	1
Processes of Physical Theory 9712 15 Montes 1 1 50 50 50 50 50 50			97004		Encounter		0	\$0	\$0	\$0	0
Conceptation of Physical Theory					15 Minutes	39	2,289	\$11,768	\$302	\$5	59
Cocceptional Through 19716 19 Montes 0 0 30 30 50 0 0 0 0 0 0 0 0	- · · · · · · · · · · · · · · · · · · ·		97112		15 Minutes	1	1	\$101	\$101	\$101	1
Cocquisional Freyned Theory 97124 15 Maners 0 0 50 50 50 0 0 0 0			97113		15 Minutes	0	0	\$0	\$0	\$0	0
Companional of Physical Therapy	Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Cocquitable of Physical Therapy	Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Conceptional Therapy			97140		15 Minutes	0	0	\$0	\$0	\$0	0
Designational or Physical Theory	Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Comparison of Physical Theory 9753 13 Montes 0	Occupational Therapy		97504		15 Minutes	0	0	\$0	\$0	\$0	0
Comparison of Physical Therapy	Occupational or Physical Therapy		97530		15 Minutes	2	2	\$50	\$25	\$25	1
Productional or Physical Therapy	Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Propositional or Physical Therapy	Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Decupational or Physical Therapy	Occupational or Physical Therapy		97535		15 Minutes	1	1	\$25	\$25	\$25	1
Decognational Therapy	Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Cocupational Therapy	Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Cocupational Therapy	Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy 97760 15 Minutes 0 0 30 30 30 0 Prostifice Training Children's Waver) 97761 15 Minutes 0 0 50 50 50 0 Assessment or Health Services 97802 15 Minutes 0 0 50	Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Prostatic Training (Children's Waiver)	Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	
Co for Orthotic Prosith Use (Children's Waiver) 97762 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment of Health Services 97802 15 Minutes 0 0 0 50 50 50 50 0 0 Assessment of Health Services 97804 15 Minutes 0 0 0 50 50 50 50 0 0 Assessment of Health Services 97804 30 Minutes 0 0 0 50 50 50 50 0 0 Additional Codes-Physician Services 99201 Encounter 0 0 0 50 50 50 50 0 0 Additional Codes-Physician Services 99202 Encounter 0 0 0 50 50 50 50 0 0 Additional Codes-Physician Services 99203 Encounter 0 0 0 50 50 50 50 0 0 Additional Codes-Physician Services 99204 Encounter 0 0 0 50 50 50 50 0 0 Additional Codes-Physician Services 99205 Encounter 0 0 0 50 50 50 50 0 0 Additional Codes-Physician Services 99211 Encounter 0 0 50 50 50 50 0 0 0 Additional Codes-Physician Services 99212 Encounter 0 0 50 50 50 50 0 0 0 Additional Codes-Physician Services 99211 Encounter 0 0 50 50 50 50 0 0 0 Additional Codes-Physician Services 99212 Encounter 0 0 50 50 50 50 0 0 0 Additional Codes-Physician Services 99214 Encounter 0 0 50 50 50 50 0 0 0 Additional Codes-Physician Services 99214 Encounter 0 0 50 50 50 50 0 0 0 Additional Codes-Physician Services 99214 Encounter 0 0 50 50 50 50 0 0 0 Additional Codes-Physician Services 99214 Encounter 0 0 50 50 50 50 0 0 0 Additional Codes-Physician Services 99214 Encounter 0 0 50 50 50 50 0 0 0 Additional Codes-Physician Services 99215 Encounter 0 0 50 50 50 50 0 0 0 Additional Codes-Physician Services 99215 Encounter 0 0 50 50 50 50 0 0 0 Additional Codes-Physician Services 99221 0 0 50 50 50 50 0 0 0 0 50 50 50 50 0 0 0 0 50 5	Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment of Health Services 97803 15 Minutes 0 0 0 50 50 50 50 0 0 Health Services 97804 30 Minutes 0 0 0 50 50 50 50 0 0 0 1 1 1 1 1 1 1 1	C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	\$0	\$0	\$0	0
Health Services	Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99201 Encounter 0 0 5 50 50 50 0 0 0 0 0 50 50 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99203 Encounter 0 0 5 50 50 50 50 0 0 0 0 0 0 0 0 0 0	Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services 99203 Encounter 0 0 5 50 50 50 0 0 Additional Codes-Physician Services 99204 Encounter 0 0 5 50 50 50 0 0 1 0 0 0 5 50 50 0 0 0	Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services 99204 Encounter 0 0 50 50 50 50 50 0 0 0 0 0 0 50 50 50	Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99205 Encounter 0 0 \$0	Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99211 Encounter 0 0 \$0	Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99212 Encounter 0 0 \$0	Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99213 Encounter 0 0 \$0	Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99214 Encounter 0 0 \$0	Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services 99215 Encounter 0 0 \$0	Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99221 0 0 \$0	Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99221 0 0 50 \$0 \$0 0 Additional Codes-Physician Services 99222 0 0 \$0 <	Additional Codes-Physician Services		99215		Encounter	0	0	\$0			
Additional Codes-Physician Services 99222 0 0 50 \$0	Additional Codes-Physician Services		99221			0	0	\$0			
Additional Codes-Physician Services 9923 0 0 50 \$0	Additional Codes-Physician Services		99222			0	0	\$0			
Additional Codes-Physician Services 99231 0 0 50 \$0	Additional Codes-Physician Services		99223			0	0				· · · · · · · · · · · · · · · · · · ·
Additional Codes-Physician Services 99232 0 0 \$0	Additional Codes-Physician Services		99231			0	0				
Additional Codes-Physician Services 99233 0 0 \$0											
Additional Codes-Physician Services 99238 30 Minutes or less 0 0 \$0											
Additional Codes-Physician Services 99241 Encounter 0 0 \$0					30 Minutes or less						
Additional Codes-Physician Services 99242 Encounter 0 0 \$0 \$0 \$0 \$0				· · · · · · · · · · · · · · · · · · ·							
								****	\$0	\$0	

CMHSP Cost Data by Service Category		Persons with Developmental Disabilities				Fiscal Year 2005-2006				State of Michigan		
Barry				Unit								
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case		
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0		
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0		
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0		
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0		
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0		
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	. 0		
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0		
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0		
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0		
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0		
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0		
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0		
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0		
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0		
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0		
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0		
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0		
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0		
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0		
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0		
Transportation		A0120			0	0	\$0	\$0	\$0	0		
Transportation		A0130			0	0	\$0	\$0	\$0	0		
Transportation		A0140			0	0	\$0	\$0	\$0	0		
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0		
Transportation		A0170			0	0	\$0	\$0	\$0	0		
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0		
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0		
Additional codes - Transportation		A0428		i	0	0	\$0	\$0	\$0	0		
General dental services		D0150			0	0	\$0	\$0	\$0	0		
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0		
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0		
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0		
Bitewings		D0274			0	0	\$0	\$0	\$0	0		
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0		
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0		
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0		
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0		
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0		
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0			
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0			
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0		
Peridontal, main		D4910			0	0	\$0	\$0	\$0	0		
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0		
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0		
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0		
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	\$0	\$0	\$0	0		
Enhanced Medical Equipment-Supplies		E1349		Items	0	0	\$0	\$0	\$0 \$0	0		
		G0176			0	0	\$0					
Activity Therapy (Children's Waiver)		00176		Encounter	· · · · · · · · · · · · · · · · · · ·	U	Φ 0	\$0	\$0	0		

Civilian Cost Data by Scivice Category		1 013011	3 Willi Devel	opinental Disabilities		1 13041	1 Can 2005 2000		otate of	iviionigun
Barry Service Category	Revenue Code	HCPCS Code	16.45	Unit			Cost	Cost/Case	Cost/Unit	Unit/Case
	Revenue Code		Modifier	Measure	Cases	Units				
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351			0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	2	2	\$323	\$162	\$162	1
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	61	194	\$28,786	\$472	\$148	3
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	1	172	\$9,159	\$9,159	\$53	172
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	2	145	\$5,591	\$2,796	\$39	73
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	6	11	\$2,047	\$341	\$186	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	3	372	\$1,488	\$496	\$4	124
Community Living Supports (15 Minutes)		H2015		15 Minutes	67	120,320	\$598,438	\$8,932	\$5	1,796
Community Living Supports (Daily)		H2016		Per Diem	5	1,549	\$23,421	\$4,684	\$15	310
Community Living Supports (Daily)		H2016	TF	Per Diem	4	1,083	\$49,893	\$12,473	\$46	271
Community Living Supports (Daily)		H2016	TG	Per Diem	16	5,099	\$678,580	\$42,411	\$133	319
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0209 S0215		Per Mile	0	-0	\$0	\$0	\$0	
Transportation Transition		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111			0	0	\$0	\$0	\$0	
Family Training		S5116		Encounter Encounter	0	0	\$0	\$0		0
Home Care Training, Non-Family (Children's Waiver)									\$0	0
Chore Services		S5120		15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	39	32,351	\$36,068	\$925	\$1	830
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		\$5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		\$8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	\$9123		Ноиг	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123			0	0	\$0	\$0	\$0	0

Barry				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124			0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	TE	Per Diem	0	. 0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	13	55	\$500	\$38	\$9	4
Health Services		S9446		Encounter	20	446	\$6,497	\$325	\$15	22
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	9	32	\$2,301	\$256	\$72	4
Reidential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Health Services		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	18	19	\$2,190	\$122	\$115	1
Health Services		T1002		Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1003		Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005		15 minutes	0	0	\$0	\$0	\$0	0
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	-	15 minutes	72	545	\$78,408	\$1,089	\$144	8
Targeted Case Management		T1017		15 minutes	138	1,467	\$240,434	\$1,742	\$164	11
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	20	6,220	\$89,994	\$4,500	\$14	311
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	6	1,521	\$65,922	\$10,987	\$43	254
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	4	4	\$1,345	\$336	\$336	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	60	584	\$79,564	\$1,326	\$136	10
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011		Evaluation	12	12	\$1,954	\$163	\$163	1
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					148		\$2,146,896			

Bay-Arenac				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	365	\$207,795	\$207,795	\$569	365
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	2	730	\$193,758	\$96,879	\$265	365
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	7	47	\$31,321	\$4,474	\$666	7
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740	· · · · · · · · · · · · · · · · · · ·		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	5	34	\$496	\$99	\$15	7
Medication Administration		90782		Encounter	1	6	\$198	\$198	\$33	6
Medication Administration		90788		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801		Encounter	134	144	\$9,661	\$72	\$67	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	24	50	\$2,658	\$111	\$53	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	96	708	\$53,773	\$560	\$76	7
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	20	111	\$26,254	\$1,313	\$237	6
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Persons with Developmental Disabilities

•	NIHSF	Cost Data	Dy	Service	Category

Bay-Arenac Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy	Tiorenae code	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Family Therapy		90846		Encounter Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy Therapy-Family Therapy		90847		Encounter	2	3	\$210	\$105	\$70	2
Therapy-Family Therapy Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$103	\$0	0
Therapy-Family Therapy		90849	· HS	Encounter	0	0	\$0	\$0	\$0	
Therapy-Group Therapy		90853	170	Encounter	8	54	\$1,855	\$232	\$34	7
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	
Medication Review		90862		Encounter	281	1,351	\$48,052	\$171	\$36	5
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	
Speech & Language Therapy		92506		Encounter	0	0	\$0	\$0	\$0	
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0 \$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	-	Hour	5	32	\$4,512	\$902	\$141	6
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			20	108	\$13,895	\$695	\$129	5
Psychological Testing by Technician (Children's Waiver)		96102			0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115		Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	\$0	\$0	\$0	0
Assessments-Testing		96117		Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		******	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	\$0	\$0	\$0	
remopsyon test by Teon (Children's Walver)		20112			V	· · · · · · · · · · · · · · · · · · ·	Φυ	DU.		

Persons with 1	Developmental	Disabilitie
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Bay-Arenac				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	\$0	\$0	\$0	0
Physical Therapy		97001	-	Encounter	65	66	\$5,209	\$80	\$79	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	71	76	\$5,998	\$84	\$79	1
Occupational Therapy		97004		Encounter	0	0 -	\$0	\$0	\$0	0
Occupational or Physical Therapy	· · · · · · · · · · · · · · · · · · ·	97110		15 Minutes	66	1,216	\$25,569	\$387	\$21	18
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	,	97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	. 0	0	\$0	\$0	\$0	0
Occupational Therapy		97504		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	75	910	\$16,385	\$218	\$18	12
Occupational or Physical Therapy	·	97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	****	97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	175	3,508	\$54,358	\$311	\$15	20
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	34	44	\$327	\$10	\$7	1
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			1	1	\$89	\$89	\$89	1
Additional Codes-Physician Services		99222			12	18	\$1,207	\$101	\$67	2
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231			13	68	\$1,415	\$109	\$21	5
Additional Codes-Physician Services		99232			4	17	\$914	\$228	\$54	4
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	9	11	\$232	\$26	\$21	1
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0

Bay-Arenac				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	2	2	\$77	\$38	\$38	1
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	. 0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	6	184	\$74	\$12	\$0	31
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130		-	0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	-	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridontal, main		D4910			0	0	\$0	\$0	- \$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	8	9	\$2,816	\$352	\$313	1
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0

Bay-Arenac				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	. 0
Medication administration		G0351			3	11	\$41	\$14	\$4	4
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	77	83	\$17,149	\$223	\$207	1
Treatment Planning		H0032		Encounter	170	1,061	\$128,402	\$755	\$121	6
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	11	940	\$42,659	\$3,878	\$45	85
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	13	521	\$3,232	\$249	\$6	40
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	3	445	\$40,924	\$13,641	\$92	148
Community Living Supports in Independent living/own home		H0043		Per diem	6	366	\$36,174	\$6,029	\$99	61
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	47	54	\$7,326	\$156	\$136	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	168	2,092	\$35,969	\$214	\$17	12
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	325	1,337,769	\$2,842,274	\$8,745	\$2	4,116
Community Living Supports (15 Minutes)		H2015		15 Minutes	70	322,830	\$1,022,689	\$14,610	\$3	4,612
Community Living Supports (Daily)		H2016		Per Diem	24	6,652	\$176,586	\$7,358	\$27	277
Community Living Supports (Daily)		H2016	TF	Per Diem	62	20,592	\$1,180,032	\$19,033	\$57	332
Community Living Supports (Daily)		H2016	TG	Per Diem	95	30,634	\$3,101,788	\$32,650	\$101	322
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	96	68,204	\$270,668	\$2,819	\$4	710
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	17	15,183	\$33,274	\$1,957	\$2	893
Medication Review		M0064		Encounter Face-to-Face	0	0	\$0	- \$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		\$5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	11	32	\$8,772	\$797	\$274	3
Home Care Training, Non-Family (Children's Waiver)		\$5116		Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120		15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		\$5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	1	7	\$2,495	\$2,495	\$356	7
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	
Environmental Modification		S5165		Service	2	2	\$293	\$146	\$146	1
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		\$9123	7		0	0	\$0	\$0	\$0	0
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Bay-Arenac				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124			0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	TE	Per Diem	1	7	\$4,381	\$4,381	\$626	7
Health Services		\$9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	157	163	\$16,497	\$105	\$101	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	2	425	\$5,131	\$2,566	\$12	213
Reidential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Health Services		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	205	212	\$13,684	\$67	\$65	I
Health Services	·	T1002		Up to 15 min	244	18,228	\$325,822	\$1,335	\$18	75
Health Services		T1003		Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005		15 minutes	106	117,914	\$238,695	\$2,252	\$2	1,112
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	484	15,703	\$1,621,531	\$3,350	\$103	32
Targeted Case Management		T1017		15 minutes	69	1,911	\$84,263	\$1,221	\$44	28
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	8	333	\$19,698	\$2,462	\$59	42
Personal Care in Licensed Specialized Residential Setting		T1020		Days	95	30,949	\$514,695	\$5,418	\$17	326
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	41	13,023	\$620,343	\$15,130	\$48	318
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	39	13,183	\$1,034,912	\$26,536	\$79	338
Assessments		T1023		Encounter	29	45	\$25,764	\$888	\$573	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	133	1,334	\$45,186	\$340	\$34	10
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	26	3,950	\$107,746	\$4,144	\$27	152
Transportation		T2003		Encounter / Trip	297	104,380	\$472,885	\$1,592	\$5	351
Transportation		T2004			15	3,690	\$3,779	\$252	\$1	246
Transportation		T2005			0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Ноцг	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	4	42	\$40,429	\$10,107	\$963	11
Fiscal Intermediary Services		T2025		Month	12	133	\$13,129	\$1,094	\$99	11
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	6	6	\$3,450	\$575	\$575	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					1	0	\$7,384	\$7,384	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					711		\$14,879,257			

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Part	Service Category	Revenue Code	HCPCS Code	Modifier		Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Care	State Psychiatric Hospital - Inpatient PT22			PT22				\$0	\$0	\$0	0
Control Products Products Controlled 1967 1973 1909 1910 191	State Mental Retardation Facility - Inpatient (ICF/MR) PT65			PT65	Days	3	800	\$191,200	\$63,733	\$239	267
Page	Local Psychiatric Hospital/IMD PT68			PT68	Days	2	17	\$14,061	\$7,031	\$827	9
Pepsile Holphal Ancellary Services - Lawer of Materials 1930	Local Psychiatric Hospital - Acute Community PT73			PT73	Days	11	242	\$163,365	\$14,851	\$675	22
Part Report Part Part	Inpatient Hospital Ancillary Services - Room and Board	0144		**	Days	0	0	\$0	\$0	\$0	0
Pages Page	Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Persistent Hospial Ancillary Services - Education 19	Inpatient Hospital Ancillary Services - Pharmacy					0	0	\$0	\$0	\$0	0
Pagisset Respect Ancibary Services - Radiology		0270-0272			# of items	0	0	\$0	\$0	\$0	0
ECT Academists 1979	Inpatient Hospital Ancillary Services - Laboratory				# of tests	0	0	\$0	\$0	\$0	0
Experient Hospial Ancellary Services - Registrate Services Add 9 of Instantents 0 0 0 0 0 0 0 0 0	Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
Paper Pape	ECT Anesthesia	0370				0	0	\$0	\$0	\$0	. 0
	Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
	Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Paper Pape	Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Paper Hospital Ascellary Services - Pulmorary Function 0460 # of tests 0 0 0 50 50 50 0 0 0	Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Papatient Hospital Ancillary Services - Audiology	Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Popularian Hisopital Ancellary Services - Magnetic Resonance Technology 0610-611 # dirests 0 0 0 30 30 30 30 0 0	Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
CAMETY Part Part	Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room		0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Papatient Hospital Ancillary Services - EKG/ECG 0730-0731 # of tests 0 0 0 50 50 50 0 0 Papatient Hospital Ancillary Services - EEG 0740 # of tests 0 0 50 50 50 0 0 Extended Observation Beds 0762 Hour 0 0 0 50 50 50 50 0 Additional Codes-ECT Facility Charge 0901 Encounter 0 0 0 50 50 50 50 0 Inpatient Hospital Ancillary Services - Psychiatric/Psychological 0901, 0902-0904, # of visits 0 0 50 50 50 50 0 Inpatient Partial Hospital Ancillary Services - Psychiatric/Psychological 0912 Days 0 0 50 50 50 50 0 Outpatient Partial Hospitalization 0912 Days 0 0 50 50 50 50 0 Outpatient Partial Hospitalization 0913 Days 0 0 50 50 50 50 0 Inpatient Hospital Ancillary Services - Other Diagnosis Services 0913 # of visits 0 0 50 50 50 50 0 Inpatient Hospital Ancillary Services - Other Diagnosis Services 0913 # of visits 0 0 50 50 50 50 0 Inpatient Hospital Ancillary Services - Other Diagnosis Services 0913 # of visits 0 0 50 50 50 50 0 Inpatient Hospital Ancillary Services - Other Therapeutic Services 0914 # of visits 0 0 50 50 50 50 0 Inpatient Hospital Ancillary Services - Other Therapeutic Services 0940-0942 # of visits 0 0 50 50 50 50 0 Inpatient Hospital Ancillary Services - Other Therapeutic Services 09072 Encounter 13 129 57,567 582 589 40 Medication Administration 90782 Encounter 13 129 57,567 582 589 40 Medication Administration 90782 Encounter 50 50 50 50 50 50 50 5	Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
Paper Pape	ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Extended Observation Beds	Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge 0901 Encounter 0 0 0 0 0 0 0 0 0	Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Page	Extended Observation Beds	0762			Hour	0	0	\$0	\$0	\$0	
Part	Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization 0913 Days 0 0 \$0					# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925 # of tests 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Propertient Hospital Ancillary Services - Other Therapeutic Services 0940-0942 # of visits 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services 0940-0942 # of visits 0 0 50 50 50 0 0 0 0	Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia 00104 Minutes 0 0 \$0	Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Medication Administration 90772 Encounter 13 129 \$7,567 \$582 \$59 10 Medication Administration 90782 Encounter 8 33 \$1,936 \$242 \$59 4 Medication Administration 90788 Encounter 0 0 \$0	Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration 9782 Encounter 8 33 \$1,936 \$242 \$59 4 Medication Administration 90788 Encounter 0 0 \$0	Medication Administration		90772		Encounter	13	129	\$7,567	\$582	\$59	10
Medication Administration 90788 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$10,583 \$212 \$212 \$1 \$1 \$2 \$2 \$2 \$2 \$1 \$2<	Medication Administration		90782		Encounter	8	33	\$1,936	\$242	\$59	4
Assessment-Psychiatric Assessment 90802 Encounter 0 0 \$0 </td <td>Medication Administration</td> <td></td> <td>90788</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td></td>	Medication Administration		90788		Encounter	0	0	\$0	\$0	\$0	
Assessment-Psychiatric Assessment 9802 Encounter 0 0 \$0 <td>Assessment-Psychiatric Assessment</td> <td></td> <td>90801</td> <td></td> <td>Encounter</td> <td>50</td> <td>50</td> <td>\$10,583</td> <td>\$212</td> <td>\$212</td> <td>1</td>	Assessment-Psychiatric Assessment		90801		Encounter	50	50	\$10,583	\$212	\$212	1
Therapy-Individual Therapy 9804 Encounter 20-30 Min 4 4 \$305 \$76 \$76 1 Therapy-Individual Therapy 9805 Encounter 20-30 Min 0 0 \$0 <td< td=""><td>Assessment-Psychiatric Assessment</td><td></td><td>90802</td><td></td><td>Encounter</td><td>0</td><td>0</td><td></td><td>\$0</td><td>\$0</td><td>0</td></td<>	Assessment-Psychiatric Assessment		90802		Encounter	0	0		\$0	\$0	0
Therapy-Individual Therapy 9805 Encounter 20-30 Min 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$123 \$6 Therapy-Individual Therapy 9807 Encounter 45-50 Min 0 0 \$0	Therapy-Individual Therapy		90804		Encounter 20-30 Min	4	4	\$305	\$76	\$76	
Therapy-Individual Therapy 9806 Encounter 45-50 Min 44 265 \$32,599 \$741 \$123 6 Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$0	Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0				
Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$	Therapy-Individual Therapy		90806		Encounter 45-50 Min	44	265				
			90807		Encounter 45-50 Min	0	0				
	Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	\$0			

n						1 10001			State of	gun
Berrien Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	2	12	\$1,431	\$716	\$119	6
Therapy-Family Therapy		90849	-	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	244	1,048	\$92,218	\$378	\$88	4
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	-	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	\$0	\$0	\$0	0
Assessments-Testing		96100		Hour	6	6	\$1,467	\$245	\$245	1
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			4	4	\$2,006	\$502	\$502	1
Psychological Testing by Technician (Children's Waiver)		96102			5	8	\$1,795	\$359	\$224	2
Psychological Testing by Comp (Children's Waiver)		96103			0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115		Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	\$0	\$0	\$0	0
Assessments-Testing		96117		Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	\$0	\$0	\$0	0

	Total Will Development. Distributes		13041 1041 2000 2000			State of Milenigan		
Berrien	Daniel Calle Hongo Call	Unit	_			Cost/Case	0	11.110
Service Category	Revenue Code HCPCS Code	Modifier Measure	Cases	Units	Cost		Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)	96120		0	0	\$0	\$0	\$0	0
Physical Therapy Physical Therapy	97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy	97002 97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy	97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97116 97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy			0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy	97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	97755	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	97760	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)	97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)	97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services	97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services	97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services	97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99211	Encounter	2	4	\$422	\$211	\$106	2
Additional Codes-Physician Services	99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99222		7	11	\$1,355	\$194	\$123	2
Additional Codes-Physician Services	99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99231		11	214	\$8,788	\$799	\$41	19
Additional Codes-Physician Services	99232		3	4	\$235	\$78	\$59	1
Additional Codes-Physician Services	99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99238	30 Minutes or le		15	\$722	\$66	\$48	1
Additional Codes-Physician Services	99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99243	Encounter	0	0	\$0	\$0	\$0	0

Berrien				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	188	1,883	\$342,072	\$1,820	\$182	10
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	. 0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridontal, main		D 4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth	-	D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351			0	0	\$0	\$0	\$0	0
Assessment		H0002	-	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	1	9	\$2,640	\$2,640	\$293	9
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	76	78	\$18,303	\$241	\$235	1
Treatment Planning		H0032		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	10	1,033	\$60,598	\$6,060	\$59	103
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	16	234	\$4,118	\$257	\$18	15
Peer Directed and Operated Support Services		NA			0	0	\$133,645	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	4	609	\$39,298	\$9,825	\$65	152
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	72	305	\$23,975	\$333	\$79	4
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	5	33	\$878	\$176	\$27	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	154	651,961	\$1,488,624	\$9,666	\$2	4,234
Community Living Supports (15 Minutes)		H2015		15 Minutes	210	999,754	\$3,158,492	\$15,040	\$3	4,761
Community Living Supports (Daily)		H2016		Per Diem	21	7,127	\$206,638	\$9,840	\$29	339
Community Living Supports (Daily)		H2016	TF	Per Diem	21	5,664	\$308,360	\$14,684	\$54	270
Community Living Supports (Daily)		H2016	TG	Per Diem	98	32,269	\$4,854,410	\$49,535	\$150	329
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	52	25,828	\$104,909	\$2,017	\$4	497
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	16	23,004	\$220,366	\$13,773	\$10	1,438
Medication Review		M0064		Encounter Face-to-Face	25	80	\$7,040	\$282	\$88	3
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120		15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	1	187	\$109,260	\$109,260	\$584	187
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	1	2	\$1,482	\$1,482	\$741	2
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123			1	105	\$3,936	\$3,936	\$37	105

New					•			- · · · · · · · · · · · · · · · · · · ·			
Prints Deel Prin	Berrien Service Category	Revenue Code	HCPCS Code	Modifier		Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Day Nessus											0
Region Cape the Home (RR) (Chahlers) Naver)					1100						4,182
Repeat Content Methods (RPN) (Colliders Mawer)				TD	Per Diem						0
Heath Services											0
Methal Services Selfe Resourer 0 0 0 0 0 0 0 0 0	<u></u>										0
Mahl Newise (Institution Enterlief Program SARI	Health Services										0
Member M	Health Services										0
Related Services	Intensive Crisis Stabilization-Enrolled Program										0
Math Service	Reidential Room and Board		S9976		Days	0	0	\$0			0
Mastender	Health Services		T1000								0
Heaths Services 11002 Up to 15 min 77 763 \$34,00% \$320 \$320 \$320 \$320 \$320 \$320 \$320 \$320	Assessment		T1001			9	9	\$1.584			1
Health Services	Health Services		T1002			77	763				10
Health Services	Health Services		T1003			0					0
Family Psyche-Education Tiols Encounter 0	Health Services		T1005			2	3,628				1,814
Supports Coordination What Pacillation 1106 15 minutes	Family Psycho-Education		T1015		Encounter	0					0
Target Clase Menagement T1017	Supports Coordination/Wrap Facilitation		T1016			438	12,225				28
Naring Home Mental Health Monitoring 11017 SE 15 minutes 4 70 \$704 \$176 \$10 \$10 \$10 \$100 \$100 \$100 \$100 \$100 \$	Targeted Case Management		T1017		15 minutes	45				<u>-</u>	26
Personal Care in Licensed Specialized Residential Setting Til020 Tr Days 23 9,8c2 581,187 \$51,67 519 Personal Care in Licensed Specialized Residential Setting Til020 Tr Days 23 9,8c2 581,19 518,162 535 Personal Care in Licensed Specialized Residential Setting Til020 Tr Days 25 8,722 5975,863 339,032 511 Assessments Til023 Broounter 20 36 63,36 5317 5176 Assessments Til023 Broounter 20 36 63,36 5317 5176 Enhanced Medical Suplies or Pharmacy Til999 Tenson Licensed Specialized No. 30 30 30 30 Transportation Til020 Per Diem 0 0 0 0 0 0 0 0 Transportation Til020 Per Diem 0 0 0 0 0 0 0 0 Transportation Til020 Per Diem 0 0 0 0 0 0 0 0 Transportation Til020 Per Diem 0 0 0 0 0 0 0 0 Transportation Til020 Per Diem 0 0 0 0 0 0 0 0 0	Nursing Home Mental Health Monitoring		T1017	SE							18
Personal Care in Licensed Specialized Residential Setting T1020 TG Days 25 8,722 875,803 \$39,032 \$5112 Personal Care in Licensed Specialized Residential Setting T1020 TG Days 25 8,722 \$975,803 \$39,032 \$5112 Personal Care in Licensed Specialized Residential Setting T1020 TB Days T	Personal Care in Licensed Specialized Residential Setting		T1020		Days	83	26,537	\$511,887			320
Personal Care in Licensed Specialized Residential Setting T1020 T6 Days 25 8,722 \$975,803 \$39,032 \$112 Assessments T1023 Encounter 20 36 \$6,336 \$317 \$176 Enhanced Medical Supplies or Pharmacy T1999 Hers 0 0 0 \$0 \$0 \$0 Transportation T2001 T2002 Per Diem 0 0 0 \$0 \$0 \$0 \$0 Transportation T2002 Per Diem 0 0 0 \$0 \$0 \$0 \$0 Transportation T2003 Encounter / T179 0 0 0 \$0 \$0 \$0 Transportation T2004 Encounter / T179 0 0 0 \$0 \$0 \$0 Transportation T2004 Encounter / T179 0 0 0 \$0 \$0 Transportation T2004 Encounter / T179 0 0 0 \$0 \$0 \$0 Transportation T2005 Encounter / T179 0 0 0 \$0 \$0 \$0 Transportation T2005 Encounter / T179 0 0 0 \$0 \$0 \$0 Transportation T2005 Encounter / T179 0 0 0 \$0 \$0 \$0 Transportation T2005 Hour 0 0 0 \$0 \$0 \$0 Transportation T2005 Hour 0 0 0 \$0 \$0 \$0 Transportation T2005 Hour 0 0 0 \$0 \$0 \$0 Transportation T2005 Hour 0 0 0 \$0 \$0 \$0 Transportation T2005 Hour 0 0 0 \$0 \$0 \$0 Transportation T2005 Hour 0 0 0 \$0 \$0 \$0 Transportation T2005 Hour 0 0 0 \$0 \$0 \$0 Transportation T2005 Hour 0 0 0 \$0 \$0 \$0 Transportation T2005 Hour 0 0 0 \$0 \$0 \$0 Transportation T2005 Hour 0 0 0 0 \$0 \$0 \$0 Transportation T2005 Hour 0 0 0 0 \$0 \$0 \$0 Transportation T2005 Hour 0 0 0 0 \$0 \$0 \$0 Transportation T2005 Hour 0 0 0 0 \$0 \$0 \$0 Transportation T2005 Hour 0 0 0 0 0 \$0 \$0 Transportation T2005 Hour 0 0 0 0 0 \$0 \$0 Transportation T2005 Hour 0 0 0 0 0 \$0 \$0 Transportation T2005 Hour 0 0 0 0 0 0 \$0 Transportation T2005 Hour 0 0 0 0 0	Personal Care in Licensed Specialized Residential Setting		T1020	TF		32					308
Assessments	Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	25	8,722			\$112	349
Transportation T2001 Per Diem 0 0 S0 S0 S0 S0 S0 S0	Assessments		T1023			20			<u>-</u>		2
Transportation T2002 Per Diem 0 0 0 50 50 50 50 50	Enhanced Medical Supplies or Pharmacy	TO VAC TO A CONTROL OF	T1999		Items	0	0	\$0	\$0	\$0	0
Transportation T2003 Encounter / Trip O O SO SO SO SO Transportation T2004 O O O SO SO SO SO Transportation T2005 O O O SO SO SO SO Transportation T2005 O O O SO SO SO SO SO	Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation T2004 0 0 0 0 50 50 50 50 50 50 50 50 50 50 5	Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation T2005	Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
PASRR Level II Screens T2011 Evaluation 0 0 0 50 50 50 50	Transportation		T2004			0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service T2015 Hour 0 0 \$0	Transportation		T2005			0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver) T2023 Month 0 0 \$0 \$0 \$0 Fiscal Intermediary Services T2025 Month 2 3 \$352 \$176 \$117 Enhanced Medical Equipment-Supplies T2028 Items 0 0 \$0 \$0 \$0 \$0 Enhanced Medical Equipment-Supplies T2029 Items 0 0 \$0 \$0 \$0 \$0 Community Living Supports-Therapeutic Camping T2036 Encounter / Trip 0 0 \$0 \$0 \$0 \$0 Community Living Supports-Therapeutic Camping T2037 Encounter / Trip 0 0 \$0	PASRR Level II Screens		T2011		Evaluation	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services T2025 Month 2 3 \$352 \$176 \$117	Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies T2028 Items O O S0 S0 S0 S0 S0 Enhanced Medical Equipment-Supplies T2029 Items O O S0 S0 S0 S0 S0 S0	Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies T2029 Items 0 0 \$0 <td>Fiscal Intermediary Services</td> <td></td> <td>T2025</td> <td></td> <td>Month</td> <td>2</td> <td>3</td> <td>\$352</td> <td>\$176</td> <td>\$117</td> <td>2</td>	Fiscal Intermediary Services		T2025		Month	2	3	\$352	\$176	\$117	2
Community Living Supports-Therapeutic Camping T2036 Encounter / Trip 0 0 \$0 <td>Enhanced Medical Equipment-Supplies</td> <td></td> <td>T2028</td> <td></td> <td>Items</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping T2037 Encounter / Trip 0 0 \$0 <td>Enhanced Medical Equipment-Supplies</td> <td></td> <td>T2029</td> <td></td> <td>Items</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Housing Assistance T2038 Month 0 0 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies T2039 Items 0 0 50 \$0 \$0 Pharmacy (Drugs and Other Biologicals) 0 0 \$0	Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals) 0 0 \$0	Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Other 0 0 \$0 \$0 \$0 \$0 Aggregate for 'J' Codes ALL 20 0 \$26,596 \$1,330 \$0	Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes ALL 20 0 \$26,596 \$1,330 \$0	Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
	Other					0	0	\$0	\$0	\$0	0
Total Population and Cost 536 \$14,854,415	Aggregate for 'J' Codes		ALL			20	0	\$26,596	\$1,330	\$0	0
	Total Population and Cost					536		\$14,854,415			

Clinton Eaton Ingham				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	7	2,103	\$1,156,789	\$165,256	\$550	300
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	3	1,095	\$281,164	\$93,721	\$257	365
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	8	74	\$6,394	\$799	\$86	9
Medication Administration		90782		Encounter	7	26	\$2,347	\$335	\$90	4
Medication Administration		90788		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801		Encounter	44	44	\$22,135	\$503	\$503	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	19	134	\$19,809	\$1,043	\$148	7
Therapy-Individual Therapy		90805		Encounter 20-30 Min	1	1	\$132	\$132	\$132	1
Therapy-Individual Therapy		90806		Encounter 45-50 Min	25	139	\$26,941	\$1,078	\$194	6
Therapy-Individual Therapy		90807		Encounter 45-50 Min	1	2	\$571	\$571	\$286	2
Therapy-Individual Therapy		90808		Encounter 75-80 Min	17	36	\$8,929	\$525	\$248	2

Clinton Eaton Ingham				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90809		Encounter 75-80 Min	1	1	\$267	\$267	\$267	1
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	——————————————————————————————————————	90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	
Therapy-Family Therapy		90847		Encounter	I	1	\$187	\$187	\$187	1
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	11	154	\$28,133	\$2,558	\$183	14
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	2	3	\$634	\$317	\$211	2
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	147	307	\$44,607	\$303	\$145	2
Speech & Language Therapy		92506		Encounter	137	145	\$22,995	\$168	\$159	1
Speech & Language Therapy		92507		Encounter	81	454	\$69,403	\$857	\$153	6
Speech & Language Therapy		92508		Encounter	33	617	\$44,161	\$1,338	\$72	19
Speech & Language Therapy		92526		Encounter	57	85	\$9,925	\$174	\$117	1
Speech & Language Therapy		92610		Encounter	23	23	\$3,937	\$171	\$171	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	\$0	\$0	\$0	0
Assessments-Testing		96100		Hour	. 5	7	\$3,188	\$638	\$455	1
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			33	45	\$21,062	\$638	\$468	1
Psychological Testing by Technician (Children's Waiver)		96102			0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103			1	2	\$838	\$838	\$419	
Assessments-Other	·	96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	3	3	\$1,057	\$352	\$352	1
Assessments-Other		96111		Encounter	7	11	\$6,592	\$942	\$599	2
Assessments-Testing		96115		Hour		0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	\$0	. \$0	\$0	0
Assessments-Testing		96117		Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		1100	0	0	\$0	\$0	\$0	
Neuropsych test by Tech (Children's Waiver)		96119	*****		0	0	\$0	\$0	\$0	
Treat opposition by Teen (Children's Trainer)		70117				U	. ₽ ∪	3U	30	

Clinton Eaton Ingham				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	19	21	\$1,659	\$87	\$7 9	1
Occupational Therapy		97004		Encounter	209	216	\$13,254	\$63	\$61	1
Occupational or Physical Therapy		97110		15 Minutes	47	714	\$24,848	\$529	\$35	15
Occupational or Physical Therapy		97112		15 Minutes	5	19	\$662	\$132	\$35	4
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	11	37	\$1,290	\$117	\$35	3
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504		15 Minutes	3	16	\$695	\$232	\$43	5
Occupational or Physical Therapy		97530		15 Minutes	8	72	\$2,511	\$314	\$35	9
Occupational or Physical Therapy		97532		15 Minutes	1	4	\$143	\$143	\$36	4
Occupational or Physical Therapy		97533		15 Minutes	32	679	\$24,361	\$761	\$36	21
Occupational or Physical Therapy		97535		15 Minutes	39	217	\$7,582	\$194	\$35	6 .
Occupational or Physical Therapy		97537		15 Minutes	2	20	\$10,293	\$5,147	\$515	10
Occupational or Physical Therapy		97542		15 Minutes	6	28	\$976	\$163	\$35	5
Occupational Therapy		97703		15 Minutes	3	15	\$523	\$174	\$35	5
Occupational Therapy		97750		15 Minutes	6	21	\$734	\$122	\$35	4
Occupational Therapy		97755		15 Minutes	60	373	\$21,803	\$363	\$58	6
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			15	68	\$363	\$24	\$5	5
Assessment or Health Services		97802		15 Minutes	218	653	\$54,168	\$248	\$83	3
Assessment or Health Services		97803		15 Minutes	160	665	\$21,613	\$135	\$33	4
Health Services		97804		30 Minutes	3	3	\$38	\$13	\$13	1
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0 .	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212		Encounter	0	0 .	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0 .	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0

Clinton Eaton Ingham				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	. \$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	
Peridontal, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0		\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	2	2	\$470	\$235	\$235	
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$235	\$235	1
morupy (camorons tructor)		30170		Liteounitei	U	U		⊅ U	\$0	0

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Clinton Eaton Ingham	Barrer Carlo	HODOS O. I	3.6.100	Unit	_			G1/G	0	TT 1//0
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351			0	0	\$0	\$0	\$0	0
Assessment Crisis Residential Services		H0002		Encounter	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0018		Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0023		Encounter	0	0	\$0	\$0	\$0	0
Assessment				Face to Face Contact	0	0	\$0	\$0	\$0	0
Treatment Planning		H0031		Encounter	11	11	\$3,406	\$310	\$310	1
Health Services		H0032		Encounter	461	949	\$112,020	\$243	\$118	2
Home Based Services		H0034		15 Minutes	17	84	\$4,759	\$280	\$57	
		H0036		15 Minutes	3	24	\$1,316	\$439	\$55	8
Community Psychiatric Supportive Treatment Peer Directed and Operated Support Services		H0037		Per diem	0	0	\$0	\$0	\$0	0
		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		16.26	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0_
Community Living Supports in Independent living/own home		H0043	4	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter		7	\$381	\$76	\$54	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	1	2	\$173	\$173	\$87	2
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	537	1,127,897	\$3,864,921	\$7,197	\$3	2,100
Community Living Supports (15 Minutes)		H2015		15 Minutes	683	2,057,917	\$9,239,749	\$13,528	. \$4	3,013
Community Living Supports (Daily)		H2016		Per Diem	210	65,817	\$1,377,167	\$6,558	\$21	313
Community Living Supports (Daily)		H2016	TF	Per Diem	83	24,925	\$1,293,767	\$15,588	\$52	300
Community Living Supports (Daily)		H2016	TG	Per Diem	151	48,061	\$5,555,107	\$36,789	\$116	318
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	66	4,090	\$325,012	\$4,924	\$79	62
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	349	1,660	\$206,482	\$592	\$124	5
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training	*********	S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	13	19	\$1,276	\$98	\$67	1
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120		15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	3	1,029	\$31,117	\$10,372	\$30	343
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		\$5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		\$5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies	· · · · · · · · · · · · · · · · · · ·	S5199		Items	14	14	\$5,415	\$387	\$387	1
Occupational or Physical Therapy		\$8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123			0	0	\$0	\$0	\$0	0

Clinton Eaton Ingham				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124			0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	TE	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		\$9445		Encounter	5	7	\$416	\$83	\$59	1
Health Services		S9446		Encounter	1	1	\$78	\$78	\$78	1
Health Services		S9470		Encounter	57	92	\$2,294	\$40	\$25	2
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Reidential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Health Services		T1000		Up to 15 min	4	5,639	\$147,010	\$36,753	\$26	1,410
Assessment		T1001		Encounter	256	277	\$25,570	\$100	\$92	1
Health Services		T1002		Up to 15 min	461	3,022	\$89,370	\$194	\$30	7
Health Services		T1003		Up to 15 min	1	1,014	\$2,783	\$2,783	\$3	1,014
Health Services		T1005		15 minutes	317	289,791	\$1,292,139	\$4,076	\$4	914
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	246	7,925	\$461,328	\$1,875	\$58	32
Targeted Case Management		T1017		15 minutes	943	31,192	\$1,843,447	\$1,955	\$59	33
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	271	84,174	\$663,915	\$2,450	\$8	311
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	51	17,165	\$964,768	\$18,917	\$56	337
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	115	37,503	\$5,430,130	\$47,219	\$145	326
Assessments		T1023		Encounter	293	404	\$34,732	\$119	\$86	1
Enhanced Medical Supplies or Pharmacy		T1999	***************************************	Items	7	19	\$1,146	\$164	\$60	3
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	4	4	\$908	\$227	\$227	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies	***************************************	T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			3	0	\$18,242	\$6,081	\$0	0
Total Population and Cost					1,399		\$34,970,527			

CMH for Central Michigan				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	8	2,383	\$665,851	\$83,231	\$279	298
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	5	6	\$238	\$48	\$40	1
Medication Administration		90782		Encounter	3	4	\$159	\$53	\$40	1
Medication Administration		90788		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801		Encounter	14	14	\$2,231	\$159	\$159	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90804		Encounter 20-30 Min	7	20	\$914	\$131	\$46	3
Therapy-Individual Therapy	10.00 (10.00), 1.00 (10.00)	90805		Encounter 20-30 Min	2	2	\$380	\$190	\$190	1
Therapy-Individual Therapy		90806		Encounter 45-50 Min	51	558	\$52,073	\$1,021	\$93	11
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	***	Encounter 75-80 Min	4	6	\$837	\$209	\$140	
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Civilisi Cost Data by Service Category		reisons with Developmental Disabilities					riscai year 2005-2006			
CMH for Central Michigan				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	******	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individua! Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	2	2	\$184	\$92	\$92	1
Therapy-Family Therapy		90847		Encounter	1	1	\$92	\$92	\$92	1
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	. 0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	4	5	\$994	\$249	\$199	1
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)	1	92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)	·····	92633			0	0	\$0	\$0	\$0	0
Assessments-Testing		96100		Hour	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102			0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115		Hour	0	0	\$0	\$0	\$0	
Neurobehavioral Status Exam (Children's Waiver)		96116		a.oui	0	0	\$0	\$0	\$0 \$0	0
Assessments-Testing		96117		Hour	0	0	\$0	\$0	\$0	
Neuropsych test by Psych/Phys (Children's Waiver)		96118		AAUUI	0	0	\$0	\$0	\$0 \$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	\$0 \$0	\$0 \$0	\$0	0
Troutopoyou tost by Toon (Citinaton's Walver)		20117			U	U	\$0	\$0	\$0	0

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CMH for Central Michigan Service Category	Revenue Code HCPCS Code	Unit Modifier Measure		••	G .	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		Modifier Measure	Cases	Units	Cost			
Physical Therapy	96120 97001	Parameter	0	0	\$0	\$0	\$0	0
Physical Therapy	97001	Encounter Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy	97002				\$0	\$0	\$0	0
Occupational Therapy	97003	Encounter	29	29	\$5,056	\$174	\$174	1
Occupational or Physical Therapy	97110	Encounter 15 Minutes	49	373	\$1,286	\$161	\$161	1
Occupational or Physical Therapy	97110	15 Minutes	14	47	\$11,865	\$242	\$32	8
Occupational or Physical Therapy	97113	15 Minutes	3	36	\$1,252	\$89	\$27	3
Occupational or Physical Therapy	97116	15 Minutes	1	33	\$921	\$307	\$26	12
Occupational or Physical Therapy	97110	15 Minutes	1	10	\$586 \$178	\$586 \$178	\$18 \$18	33
Occupational or Physical Therapy	97140	15 Minutes	0	0				10
Occupational or Physical Therapy	97150		0	0	\$0	\$0	\$0	0
Occupational Therapy	97504	Encounter 15 Minutes	1	1	\$0	\$0	\$0	0
Occupational Therapy Occupational or Physical Therapy	97530			4	\$27	\$27	\$27	1
Occupational or Physical Therapy	97532	15 Minutes			\$71	\$71	\$18	4
Occupational or Physical Therapy	97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97535	15 Minutes	46	128	\$2,767	\$60	\$22	3
Occupational or Physical Therapy	97537	15 Minutes	20	77	\$2,170	\$109	\$28	4
		15 Minutes		1	\$15	\$15	\$15	1
Occupational or Physical Therapy	97542	15 Minutes	14	40	\$1,068	\$76	\$27	3
Occupational Therapy	97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	97755	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	97760	15 Minutes	1	2	\$53	\$53	\$27	2
Prosthetic Training (Children's Waiver)	97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)	97762		0	0	. \$0	\$0	\$0	0
Assessment or Health Services	97802	15 Minutes	7	28	\$642	\$92	\$23	4
Assessment or Health Services	97803	15 Minutes	20	119	\$5,263	\$263	\$44	6
Health Services	97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99238	30 Minutes or les		0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99243	Encounter	0	0	\$0	\$0	\$0	0

CMH for Central Michigan				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	***************************************	99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	*****	99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post	· · · · · · · · · · · · · · · · · · ·	D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	
Peridontal, main		D4910			0	0	\$0	\$0	\$0	
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	\$0	\$0	\$0 \$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	
rioning Thorapy (Children's Watver)		G0170		Encounce	U	<u> </u>	ΦU	ΦU		0

Michigan Department of Community Health 95/31/2007 Page 2c4-40

CMH for Central Michigan				TT-5						
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Family Training/Support EBP only	· · · · · · · · · · · · · · · · · · ·	G0177		Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351			0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	1	1	\$139	\$139	\$139	1
Assessment	V-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	H0031	******************	Encounter	9	10	\$1,623	\$180	\$162	1
Treatment Planning		H0032		Encounter	48	50	\$6,399	\$133	\$128	1
Health Services		H0034		15 Minutes	1	3	\$119	\$119	\$40	3
Home Based Services		H0036		15 Minutes	1	4	\$172	\$172	\$43	4
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	4	9	\$532	\$133	\$59	2
Community Living Supports in Independent living/own home		H0043		Per diem	68	1,925	\$202,356	\$2,976	\$105	28
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	22	53	\$1,637	\$74	\$31	2
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	313	633,283	\$2,476,137	\$7,911	\$4	2,023
Community Living Supports (15 Minutes)		H2015		15 Minutes	905	3,682,256	\$11,157,236	\$12,328	\$3	4,069
Community Living Supports (Daily)		H2016		Per Diem	130	42,354	\$801,433	\$6,165	\$19	326
Community Living Supports (Daily)		H2016	TF	Per Diem	119	37,713	\$1,853,842	\$15,579	\$49	317
Community Living Supports (Daily)		H2016	TG	Per Diem	142	45,325	\$4,470,069	\$31,479	\$99	319
Behavior Services		H2019		15 Minutes	0	. 0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	333	578,242	\$1,306,827	\$3,924	\$2	1,736
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	4	18	\$2,119	\$530	\$118	5
Chore Services		S5120		15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care	wis u	S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	14	57	\$32,851	\$2,347	\$576	4
Personal Emergency Response System (PERS)		S5161		Month	135	1,475	\$850.087	\$6,297	\$576	11
Environmental Modification		S5165	***************************************	Service	6	10	\$13,847	\$2,308	\$1,385	2
Enhanced Medical Equipment-Supplies		S5199		Items	7	11	\$6,341	\$2,308	\$576	2
Occupational or Physical Therapy		\$8990		Encounter	48	6,641	\$216,297	\$4,506	\$370	138
Private Duty Nursing	0582	S9123		Hour	0	0,041	\$0	\$4,300	\$0	0
Private Duty Nursing	0302	S9123		11001	1	278	\$13,066	\$13,066	\$47	278
Trivate Daty Ivalishig		37143			1	210	#13,000	\$13,000	D4/	218

Michigan Department of Community Health 05/31/2007 Page 2c4-41

CMH for Central Michigan				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124			3	5,419	\$169,019	\$56,340	\$31	1,806
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	1	3	\$2,044	\$2,044	\$681	3
Respite Care in the Home (LPN) (Children's Waiver)		S9125	TE	Per Diem	1	3	\$2,044	\$2,044	\$681	3
Health Services		\$9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	22	23	\$2,786	\$127	\$121	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Reidential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Health Services		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	14	55	\$8,278	\$591	\$151	4
Health Services		T1002		Up to 15 min	7	49	\$2,716	\$388	\$55	7
Health Services		T1003		Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005		15 minutes	343	304,489	\$334,938	\$976	\$1	888
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	1,015	48,781	\$3,458,573	\$3,407	\$71	48
Targeted Case Management		T1017		15 minutes	179	1,576	\$111,738	\$624	\$71	9
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1	2	\$142	\$142	\$71	2
Personal Care in Licensed Specialized Residential Setting		T1020		Days	145	46,111	\$786,809	\$5,426	\$17	318
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	117	35,913	\$1,688,337	\$14,430	\$47	307
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	129	42,539	\$4,661,713	\$36,137	\$110	330
Assessments		T1023		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999	***************************************	Items	20	56	\$1,971	\$99	\$35	3
Transportation		T2001			3	82	\$35	\$12	\$0	27
Transportation		T2002		Per Diem	503	24,824	\$446,832	\$888	\$18	49
Transportation		T2003		Encounter / Trip	373	60,241	\$722,892	\$1,938	\$12	162
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Hour	275	194,795	\$1,470,702	\$5,348	\$8	708
Targeted Case Management (Children's Waiver)	· · · · · · · · · · · · · · · · · · ·	T2023		Month	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	79	459	\$45,900	\$581	\$100	6
Enhanced Medical Equipment-Supplies		T2028		Items	9	50	\$3,866	\$430	\$77	6
Enhanced Medical Equipment-Supplies		T2029		Items	36	49	\$38,569	\$1,071	\$787	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	14	105	\$25,900	\$1,850	\$247	8
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	14	201	\$37,185	\$2,656	\$185	14
Housing Assistance		T2038	,	Month	75	284	\$92,300	\$1,231	\$325	4
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			69	0	\$84,537	\$1,225	\$0	0
Total Population and Cost					1,777		\$38,370,128			

Civilisi Cost Data by Service Category		reisoi	is with Develo	pmentai Disabilities		Fiscai	Year 2005-2006)	State of	Michigan
Copper Country				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	. 0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	l	3	\$2,087	\$2,087	\$696	3
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	О
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	26	49	\$5,858	\$225	\$120	2
Medication Administration		90782		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801		Encounter	3	3	\$1,872	\$624	\$624	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	1	6	\$779	\$779	\$130	6
Therapy-Individual Therapy		90805	Arvino.	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	3	4	\$784	\$261	\$196	1
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	70.	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

Copper Country				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0 .	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	I	2	\$576	\$576	\$288	2
Therapy-Family Therapy		90847		Encounter	2	2	\$660	\$330	\$330	1
Therapy-Family Therapy		90849	-	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	41	95	\$15,153	\$370	\$160	2
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	\$0	\$0	\$0	0
Assessments-Testing		96100		Hour	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		-	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102			0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	26	84	\$16,240	\$625	\$193	3
Assessments-Testing		96115		Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	\$0	\$0	\$0	0
Assessments-Testing		96117		Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0 ,	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119	-	1000 71	0	0	\$0	\$0	\$0	0
										

Copper Country		•						. 5
Service Category	Revenue Code HCPCS Code Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)	96120	TVICES III C	0	0	\$0	\$0	\$0	0
Physical Therapy	97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy	97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy	97003	Encounter	2	2	\$3,940	\$1,970	\$1,970	1
Occupational Therapy	97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97110	15 Minutes	6	26	\$2,635	\$439	\$101	4
Occupational or Physical Therapy	97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy	97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97530	15 Minutes	0	0	\$0	\$0	\$0	
Occupational or Physical Therapy	97532	15 Minutes	3	7	\$607	\$202	\$87	2
Occupational or Physical Therapy	97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97542	15 Minutes	3	12	\$3,844	\$1,281	\$320	4
Occupational Therapy	97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	97755	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	97760	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)	97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)	97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services	97802	15 Minutes	0	0	\$0	\$0	\$0	
Assessment or Health Services	97803	15 Minutes	16	16	\$2,322	\$145	\$145	1
Health Services	97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99203	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services	99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99211	Encounter	7	8	\$9,775	\$1,396	\$1,222	1
Additional Codes-Physician Services	99212	Encounter	7	8	\$7,104	\$1,015	\$888	1
Additional Codes-Physician Services	99213	Encounter	12	19	\$23,215	\$1,935	\$1,222	2
Additional Codes-Physician Services	99214	Encounter	39	42	\$60,866	\$1,561	\$1,449	1
Additional Codes-Physician Services	99215	Encounter	0	0	\$00,800	\$0	\$1,449	0
Additional Codes-Physician Services	99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99222		0	0	\$0	\$0	\$0	. 0
Additional Codes-Physician Services	99223		0	0	\$0	\$0	\$0	. 0
Additional Codes-Physician Services	99231		0	0	\$0	\$0	\$0	
Additional Codes-Physician Services	99232		0	0	\$0	\$0	\$0	
Additional Codes-Physician Services	99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99242	Encounter	0	0	\$0	\$0	\$0 \$0	
Additional Codes-Physician Services	99243	Encounter	0	0	\$0	\$0	\$0 \$0	0
And the second of the second s	77213	Encounter	· · · · · · · · · · · · · · · · · · ·		40	φU	υ	<u>U</u>

Company Cost Data by Service Category		reisons with Developmental Disabilities					Fiscal 1 ear 2003-2000			i Michigan
Copper Country Service Category	Revenue Code	HCPCS Code	Modifier	Unit				Cost/Case	Cost/Unit	11 :10
Additional Codes-Physician Services	Revenue Code		Mountei	Measure	Cases	Units	Cost			Unit/Case
Additional Codes-Physician Services		99244 99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	· · · · · · · · · · · · · · · · · · ·	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services				Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
		99262		Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	. \$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	. 0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant	AND DESCRIPTION OF THE PARTY OF	D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		· · · · · · · · · · · · · · · · · · ·	0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		***	0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0
,, (ciniorens marror)		G0170		Discounter	· ·		ΦU	30	30	0

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Copper Country Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351			2	8	\$979	\$489	\$122	4
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	59	85	\$26,701	\$453	\$314	1
Treatment Planning		H0032		Encounter	82	166	\$43,292	\$528	\$261	2
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Per Diem	5	78	\$3,492	\$698	\$45	16
Behavior Management Review		H2000		Encounter	29	83	\$30,969	\$1,068	\$373	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	1	18	\$1,170	\$1,170	\$65	18
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	93	215,549	\$868,181	\$9,335	\$4	2,318
Community Living Supports (15 Minutes)		H2015		15 Minutes	127	58,749	\$600,490	\$4,728	\$10	463
Community Living Supports (Daily)		H2016		Per Diem	14	4,024	\$107,056	\$7,647	\$27	287
Community Living Supports (Daily)		H2016	TF	Per Diem	6	536	\$23,527	\$3,921	\$44	89
Community Living Supports (Daily)		H2016	TG	Per Diem	66	21,828	\$3,589,808	\$54,391	\$164	331
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	*	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	23	3,908	\$56,553	\$2,459	\$14	170
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	5	7,348	\$21,147	\$4,229	\$3	1,470
Medication Review		M0064		Encounter Face-to-Face	27	55	\$7,704	\$285	\$140	2
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0 .	0	\$0	\$0	\$0	0
Chore Services	····	S5120		15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		85140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		\$5150		15 Minutes	24	12,526	\$49,566	\$2,065	\$4	522
Respite		85151		Per Diem	1	2	\$85	\$85	\$42	2
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$42	
Personal Emergency Response System (PERS)		S5161		Month	1	3	\$77	\$77	\$26	3
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$26	0
Enhanced Medical Equipment-Supplies		S5199		Items	5	6	\$1,234	\$247	\$206	
Occupational or Physical Therapy	·	S8990		Encounter	0	0	\$1,234	\$247	\$206	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0302	S9123		rioul	0	0	\$0	\$0	\$0	
t tranc Duty Hursuig		U/14J			U	U	\$ U	20	\$0	0

Copper Country				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124			0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	TE	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Reidential Room and Board		\$9976		Days	0	0	\$0	\$0	\$0	0
Health Services		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	54	73	\$14,407	\$267	\$197	1
Health Services		T1002		Up to 15 min	92	1,205	\$111,805	\$1,215	\$93	13
Health Services		T1003		Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005		15 minutes	6	915	\$7,752	\$1,292	\$8	153
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	175	4,058	\$459,104	\$2,623	\$113	23
Targeted Case Management		T1017		15 minutes	3	63	\$5,887	\$1,962	\$93	21
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1	14	\$1,309	\$1,309	\$93	14
Personal Care in Licensed Specialized Residential Setting	-	T1020		Days	78	25,238	\$286,685	\$3,675	\$11	324
Personal Care in Licensed Specialized Residential Setting	···	T1020	TF	Days	5	453	\$19,686	\$3,937	\$43	91
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	92	\$6,446	\$6,446	\$70	92
Assessments		T1023		Encounter	1	1	\$340	\$340	\$340	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	60	630	\$16,383	\$273	\$26	11
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation	**************************************	T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Hour	31	4,987	\$43,290	\$1,396	\$9	161
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	13	20	\$4,924	\$379	\$246	2
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)		12037		TURINS	0	0	\$0 \$0			0
Other					0	0		\$0	\$0	0
Aggregate for 'J' Codes		ALL			1	0	\$0 \$2,153	\$0 \$2,153	\$0 \$0	0
asgregate to a Codes		ALL				V	\$2,133	\$2,133	\$0	0
Total Population and Cost					193		\$6,570,517			

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Detroit-Wayne Service Category	Revenue Code	HODGE C- 1-	14.45	Unit	_			0.46	0 (77.5)	TT 1:40
State Psychiatric Hospital - Inpatient PT22		HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	19	2,675	\$1,276,696	\$67,195	\$477	141
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	48	14,966	\$4,076,320	\$84,923	\$272	312
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	112	2,004	\$1,098,684	\$9,810	\$548	18
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	54	786	\$519,429	\$9,619	\$661	15
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				1	2	\$300	\$300	\$150	2
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	16	21	\$4,898	\$306	\$233	1
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		·	# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0.	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	6	93	\$30,710	\$5,118	\$330	16
Outpatient Partial Hospitalization	0913			Days	2	30	\$12,800	\$6,400	\$427	15
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	4	15	\$342	\$86	\$23	4
Medication Administration		90782		Encounter	26	31	\$714	\$27	\$23	1
Medication Administration		90788		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801		Encounter	1,106	1,627	\$238,286	\$215	\$146	1
Assessment-Psychiatric Assessment		90802		Encounter	11	14	\$1,522	\$138	\$109	1
Therapy-Individual Therapy		90804		Encounter 20-30 Min	734	2,464	\$125,797	\$171	\$51	3
Therapy-Individual Therapy		90805		Encounter 20-30 Min	174	232	\$15,586	\$90	\$67	1
Therapy-Individual Therapy		90806		Encounter 45-50 Min	1,195	9,556	\$868,362	\$727	\$91	8
Therapy-Individual Therapy		90807		Encounter 45-50 Min	571	1,096	\$83,025	\$145	\$76	2
Therapy-Individual Therapy		90808		Encounter 75-80 Min	149	437	\$53,870	\$362	\$123	3

				opinental Bisabilities		1 15041	1 car 2003-2000		State 01	Wilchigan
Detroit-Wayne Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	3	4	\$358	\$119	\$90	1
Therapy-Individual Therapy	· · · · · · · · · · · · · · · · · · ·	90811		Encounter 20-30 Min	3	11	\$979	\$326	\$89	4
Therapy-Individual Therapy		90812		Encounter 45-50 Min	3	18	\$2,146	\$715	\$119	6
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	. 0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	1	2	\$411	\$411	\$206	2
Therapy-Individual Therapy		90815		Encounter 75-80 Min	5	9	\$360	\$72	\$40	2
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	1	2	\$200	\$200	\$100	2
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	1	1	\$73	\$73	\$73	1
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Cherapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	160	555	\$70,894	\$443	\$128	3
Therapy-Family Therapy		90847		Encounter	677	3,244	\$402,054	\$594	\$124	5
herapy-Family Therapy		90849		Encounter	4	5	\$525	\$131	\$105	1
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
herapy-Group Therapy		90853		Encounter	288	4,364	\$176,878	\$614	\$41	15
herapy-Group Therapy		90857		Encounter	14	26	\$1,380	\$99	\$53	2
Medication Review		90862		Encounter	1,691	6,194	\$647,951	\$383	\$105	4
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	750	1,258	\$64,043	\$85	\$51	2
Speech & Language Therapy		92506		Encounter	156	178	\$36,258	\$232	\$204	1 .
Speech & Language Therapy		92507		Encounter	193	2,010	\$204,639	\$1,060	\$102	10
Speech & Language Therapy		92508		Encounter	11	117	\$7,764	\$706	\$66	11
Speech & Language Therapy		92526		Encounter	531	799	\$121,884	\$230	\$153	2
Speech & Language Therapy		92610		Encounter	36	36	\$9,125	\$253	\$253	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	\$0	\$0	\$0	0
Assessments-Testing		96100		Hour	311	885	\$63,801	\$205	\$72	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101	77.774		745	3,301	\$452,480	\$607	\$137	4
Psychological Testing by Technician (Children's Waiver)		96102			0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	1,249	6,062	\$774,943	\$620	\$128	5
Assessments-Other		96111		Encounter	44	50	\$3,681	\$84	\$74	1
Assessments-Testing		96115		Hour	76	175	\$14,749	\$194	\$84	2
Neurobehavioral Status Exam (Children's Waiver)		96116			527	1,951	\$153,834	\$292	\$79	4
Assessments-Testing		96117		Ноиг	1	1	\$134	\$134	\$134	1
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	\$0	\$0	\$0	0

Neuropsych test by Tech (Children's Waiver)

96119

0

\$0

CMHSP Cost Data by Service Category		Person	s with Develop	omental Disabilities		Fiscal	Year 2005-2006		State o	f Michigan
Detroit-Wayne				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	72	76	\$15,611	\$217	\$205	1
Physical Therapy		97002		Encounter	34	83	\$13,993	\$412	\$169	2
Occupational Therapy		97003		Encounter	307	342	\$72,407	\$236	\$212	1
Occupational Therapy		97004		Encounter	771	2,267	\$383,924	\$498	\$169	3
Occupational or Physical Therapy		97110		15 Minutes	214	6,526	\$158,695	\$742	\$24	30
Occupational or Physical Therapy		97112		15 Minutes	3	250	\$14,433	\$4,811	\$58	83
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	11	42	\$2,459	\$224	\$59	4
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	51	419	\$7,553	\$148	\$18	8
Occupational Therapy		97504		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	120	3,006	\$157,451	\$1,312	\$52	25
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	38	900	\$26,728	\$703	\$30	24
Occupational or Physical Therapy		97535		15 Minutes	26	135	\$2,073	\$80	\$15	5
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	\$0	\$0	\$0	
Assessment or Health Services		97802		15 Minutes	95	506	\$19,277	\$203	\$38	5
Assessment or Health Services		97803		15 Minutes	939	6,522	\$354,486	\$378	\$54	7
Health Services		97804		30 Minutes	1	2	\$291	\$291	\$145	2
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	***************************************	99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services Additional Codes-Physician Services		99223			0	0	\$0	\$0 \$0	\$0 \$0	
Additional Codes-Physician Services Additional Codes-Physician Services		99232			0	0	\$0	\$0 \$0		0
		99232	-1		0	· · · · · · · · · · · · · · · · · · ·	\$0		\$0	0
Additional Codes-Physician Services		99233		20 Minutes 1				\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241		Encounter	U	0	\$0	\$0	\$0	0

Encounter

Encounter

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99242

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Additional Codes-Physician Services

Additional Codes-Physician Services

State of Michigan

CMHSP Cost Data by Service Category

Chillor Cost Data by Service Category		1 013011	a with Developmen	tai Disabilities		1 13041	1 car 2005-2000		State of	wiichigan
Detroit-Wayne Service Category	Revenue Code	HCPCS Code	Modifier	Unit		** *	Cont	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services	Revende Code		Modifier	Measure	Cases	Units	Cost			
		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	1	1	\$22	\$22	\$22	1
Additional Codes-Physician Services Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
		99253		Encounter	6	7	\$604	\$101	\$86	1
Additional Codes-Physician Services		99254		Encounter	4	6	\$840	\$210	\$140	2
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	***************************************	99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	2	5	\$407	\$203	\$81	3
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	. 0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			2	462	\$23,510	\$11,755	\$51	231
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	14	281	\$18,579	\$1,327	\$66	20
Additional Codes-Transportation		A0427	Refer	to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	·	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0`	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridontal, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	. \$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		·	0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	326	573	\$131,343	\$403	\$229	2
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0

Michigan Department of Community Health 95/31/2007 Page 2c4-52

Samina Catagoria										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351			0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	53	56	\$8,769	\$165	\$157	1
Crisis Residential Services		H0018		Days	2	20	\$6,520	\$3,260	\$326	10
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	178	401	\$22,004	\$124	\$55	2
Assessment		H0031		Encounter	1,959	6,561	\$557,974	\$285	\$85	3
Treatment Planning		H0032		Encounter	1,246	2,694	\$502,381	\$403	\$186	2
Health Services		H0034		15 Minutes	194	842	\$25,591	\$132	\$30	4
Home Based Services		H0036		15 Minutes	16	2,496	\$121,224	\$7,577	\$49	156
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	10	18	\$38	\$4	\$2	2
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	890	77,927	\$10,356,507	\$11,637	\$133	88
Respite		H0045		Per Diem	150	1,814	\$696,764	\$4,645	\$384	12
Behavior Management Review		H2000		Encounter	1,161	2,847	\$148,781	\$128	\$52	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	78	410	\$29,929	\$384	\$73	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	2,924	8,466,603	\$24,288,031	\$8,306	\$3	2,896
Community Living Supports (15 Minutes)		H2015		15 Minutes	1,472	19,194,866	\$43,932,644	\$29,846	\$2	13,040
Community Living Supports (Daily)		H2016		Per Diem	451	124,678	\$7,918,673	\$17,558	\$64	276
Community Living Supports (Daily)		H2016	TF	Per Diem	498	109,481	\$6,497,405	\$13,047	\$59	220
Community Living Supports (Daily)	·	H2016	TG	Per Diem	1,021	280,260	\$30,026,892	\$29,409	\$107	274
Behavior Services	····	H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	685	973,110	\$3,625,529	\$5,293	\$4	1,421
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	7	13,442	\$60,560	\$8,651	\$5	1,920
Medication Review		M0064		Encounter Face-to-Face	22	28	\$417	\$19	\$15	1
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		\$0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	300	662	\$41,182	\$137	\$62	2
Home Care Training, Non-Family (Children's Waiver)		85116		Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120		15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	10	1,898	\$342,430	\$34,243	\$180	190
Foster Care		S5145		Days	28	8,916	\$1,646,821	\$58,815	\$185	318
Respite		S5150		15 Minutes	215	114,672	\$235,040	\$1,093	\$2	533
Respite		S5151		Per Diem .	2	525	\$7,949	\$3,975	\$15	263
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		\$5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	28	29	\$32,000	\$1,143	\$1,103	1
Enhanced Medical Equipment-Supplies		S5199		Items	3	3	\$1,367	\$456	\$456	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123			5	5,716	\$207,115	\$41,423	\$36	1,143

Detroit-Wayne Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124	Modifier	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0302	S9124		11001	7	12,541	\$400,726	\$57,247	\$32	1,792
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	TE	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		\$9445		Encounter	1,687	4,565	\$360,343	\$214	\$79	3
Health Services		S9446		Encounter	114	174	\$10,768	\$94	\$62	2
Health Services		S9470		Encounter	12	42	\$2,736	\$228	\$65	4
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	182	463	\$122,467	\$673	\$265	3
Reidential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Health Services		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	1,906	6,556	\$1,198,792	\$629	\$183	3
Health Services		T1002		Up to 15 min	454	2,372	\$141,178	\$311	\$60	5
Health Services		T1003		Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005		15 minutes	181	144,679	\$442,156	\$2,443	\$3	799
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	5,819	166,827	\$19,438,139	\$3,340	\$117	29
Targeted Case Management		T1017		15 minutes	457	9,417	\$411,099	\$900	\$44	21
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	1,200	337,901	\$5,325,953	\$4,438	\$16	282
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	488	95,434	\$4,365,569	\$8,946	\$46	196
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	377	75,538	\$6,740,072	\$17,878	\$89	200
Assessments		T1023		Encounter	155	179	\$56,996	\$368	\$318	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	8	9	\$5,083	\$635	\$565	1
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	8	27	\$2,529	\$316	\$94	3
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011		Evaluation	128	688	\$113,320	\$885	\$165	5
Out of Home Prevocational Service		T2015		Hour	68	44,144	\$288,449	\$4,242	\$7	649
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	509	8,580	\$669,298	\$1,315	\$78	17
Enhanced Medical Equipment-Supplies		T2028		Items	1	2	\$336	\$336	\$168	2
Enhanced Medical Equipment-Supplies		T2029		Items	I	1	\$118	\$118	\$118	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	8	36	\$3,437	\$430	\$95	5
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	6	50	\$3,922	\$654	\$78	8
Housing Assistance		T2038		Month	483	8,589	\$1,048,442	\$2,171	\$122	18
Enhanced Medical Equipment-Supplies		T2039		Items	4	4	\$23,678	\$5,920	\$5,920	1
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0

Genesee				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	43	\$16,317	\$16,317	\$379	43
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	18	4,820	\$1,828,997	\$101,611	\$379	268
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	33	466	\$246,181	\$7,460	\$528	14
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		· · · · · · · · · · · · · · · · · · ·	# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		-	# of tests	0	0	\$0	\$0	\$0	
Extended Observation Beds	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	5	36	\$8,968	\$1,794	\$249	7
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	31	325	\$9,473	\$306	\$29	10
Medication Administration		90782		Encounter	20	74	\$2,163	\$108	\$29	4
Medication Administration		90788		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801		Encounter	651	689	\$115,512	\$177	\$168	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	5	16	\$718	\$144	\$45	3
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	21	81	\$5,165	\$246	\$64	4
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

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Genesee Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	1	1	\$92	\$92	\$92	1
Therapy-Individual Therapy	34	90811	*****	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	13	49	\$4,753	\$366	\$97	4
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	4	27	\$1,753	\$438	\$65	7
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	2	2	\$187	\$93	\$93	1
Therapy-Family Therapy		90847		Encounter	14	42	\$3,847	\$275	\$92	3
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	3	13	\$343	\$114	\$26	4
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	666	2,854	\$414,422	\$622	\$145	4
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	37	75	\$15,516	\$419	\$207	2
Speech & Language Therapy	***	92507		Encounter	0	0	\$0	. \$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	81	431	\$89,165	\$1,101	\$207	5
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	\$0	\$0	\$0	0
Assessments-Testing		96100		Hour	22	42	\$8,628	\$392	\$205	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			18	34	\$5,550	\$308	\$163	
Psychological Testing by Technician (Children's Waiver)		96102			0	0	\$0	\$0	\$0	- 0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	125	130	\$26,894	\$215	\$207	1
Assessments-Other		96111		Encounter	3	7	\$0	\$0	\$0	2
Assessments-Testing		96115		Hour	0	0	\$0	\$0	\$0	- 0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	\$0	\$0	\$0	
Assessments-Testing		96117		Hour	0	0	\$0	\$0	\$0	- 0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	\$0	\$0	\$0	
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\$0

Neuropsych test by Tech (Children's Waiver)

Profession	Genesee				T Taris						
Pagent P	Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Popular Deptember 1970 1980 1980 1981 1981 1981 1982 1	Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	\$0	\$0	\$0	0
December Present Pre	Physical Therapy		97001		Encounter	34	34	\$7,034	\$207	\$207	1
December Propriet Propriet	Physical Therapy		97002		Encounter	125	431	\$89,165	\$713	\$207	3
Description of Physical Deray 9710 15 Moures 0 0 130 130 160 100	Occupational Therapy		97003		Encounter	370	406		\$227	\$207	
Companiented Probation Programmer 19713 15 Manuter 0 0 0 10 10 10 10 10	Occupational Therapy		97004		Encounter	376	1,123	\$232,326	\$618	\$207	3
Peneral Pene	Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Secure of Physical Theory	Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
	Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Decembration of Physical Theories 97140 15 Minutes 0 0 0 0 0 0 0 0 0	Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Deceasement Perfect Pennager 97190 Essentier 0 0 39 39 39 30 30 30	Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Deceasitional Thorsety	Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Decembrated Professid Therapy 9733 13 Manters 0 0 50 50 50 50 50 50	Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
December of Physical Therapy 9733 15 Montes 5 15 33,10 502 307 30 308	Occupational Therapy		97504		15 Minutes	0	0	\$0	\$0	\$0	0
Decemptional or Physical Therapy 9733 15 Minutes 5 15 83,103 8621 5207 70 70 70 70 70 70 70	Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Deceptional or Physical Therapy	Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Decembration of Physical Therapy 97517 15 Minutes 0 0 30 30 30 0 0 0 0	Occupational or Physical Therapy		97533		15 Minutes	5	15	\$3,103	\$621	\$207	3
Occupational Preysked Therapy 97542 15 Mentes 0 50 50 50 50 50 50 60 50 50 50 50 60 60 50 50 50 50 60 60 50 50 50 60 60 50 50 50 60 60 50 50 50 60 60 50 50 50 60 60 50 50 50 60 60 50 50 50 60 60 50 50 50 60 60 50 50 50 60 60 50 50 50 60 60 50 50 50 60 60 50 50 50 60 60 50 50 50 60 60 50 50 50 60 60 50 50 50 50 60 60 50 50 50 50 50 50	Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy 97700 15 Minutes 0 0 50 50 50 30 30 30 0 Occupational Therapy 97750 15 Minutes 0 0 50 50 50 0 Occupational Therapy 97750 15 Minutes 0 0 50 50 50 0 0 Occupational Therapy 97760 15 Minutes 0 0 50 50 50 0 0 CO Or Othosic/Prosel Uses Children's Waiver) 97761 15 Minutes 0 0 50 50 50 0 0 Assessment or Health Services 97802 15 Minutes 111 119 24-01 5222 520 1 Assessment or Health Services 97803 15 Minutes 167 389 580-47 5482 520 0 1 50 50 0 0 50 50 0 0 50 50 0 0 0 50	Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Decupational Therapy 97750 15 Menutes 0 0 30 30 30 30 30 30	Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Decupational Therapy	Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Posithet Training (Children's Waiver)	Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Prosibility Training (Children Waiver)	Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic Prosth Use (Children's Waiver) 97762 15 Minutes 11 119 224,619 322 3207 12 Assessment or Health Services 97802 15 Minutes 167 389 384,476 4582 3207 22 Health Services 97803 15 Minutes 167 389 384,476 4582 3207 22 Health Services 97804 30 Minutes 0 0 350 350 350 30 0 Additional Codes-Physician Services 99201 Broounter 0 0 0 350 350 350 350 0 Additional Codes-Physician Services 99203 Broounter 0 0 0 350 350 350 350 0 Additional Codes-Physician Services 99204 Broounter 0 0 0 350 350 350 350 0 Additional Codes-Physician Services 99204 Broounter 0 0 0 350 350 350 350 0 Additional Codes-Physician Services 99204 Broounter 0 0 0 350 350 350 350 0 Additional Codes-Physician Services 99205 Broounter 0 0 0 350 350 350 350 0 Additional Codes-Physician Services 99211 Broounter 0 0 0 350 350 350 350 0 Additional Codes-Physician Services 99212 Broounter 0 0 0 0 0 0 0 0 0 Additional Codes-Physician Services 99213 Broounter 0 0 0 0 0 0 0 0 0 Additional Codes-Physician Services 99214 Broounter 0 0 0 0 0 0 0 0 0	Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services 97802 15 Minutes 167 389 \$80,476 \$482 \$527 2	Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services 97803 15 Minutes 167 389 \$34.476 \$48.2 \$20.7 2 Health Services 97804 30 Minutes 0 0 0 50 \$30 \$30 0 Additional Codes-Physician Services 99201 Encounter 0 0 0 \$30 \$30 \$30 0 Additional Codes-Physician Services 99202 Encounter 0 0 50 \$30 \$30 \$30 0 Additional Codes-Physician Services 99203 Encounter 0 0 50 \$30 \$30 0 Additional Codes-Physician Services 99204 Encounter 0 0 50 \$30 \$30 0 Additional Codes-Physician Services 99205 Encounter 0 0 50 \$30 \$30 0 Additional Codes-Physician Services 99205 Encounter 0 0 50 \$30 \$30 0 Additional Codes-Physician Services 99212 Encounter 0 0 50 50 50 50 0 Additional Codes-Physician Services 99212 Encounter 0 0 50 50 50 50 0 Additional Codes-Physician Services 99213 Encounter 0 0 50 50 50 50 0 Additional Codes-Physician Services 99214 Encounter 0 0 50 50 50 50 50 Additional Codes-Physician Services 99215 Encounter 0 0 50 50 50 50 50 Additional Codes-Physician Services 99215 Encounter 0 0 50 50 50 50 50 Additional Codes-Physician Services 99215 Encounter 0 0 50 50 50 50 50 Additional Codes-Physician Services 99215 Encounter 0 0 50 50 50 50 50 Additional Codes-Physician Services 99216 Encounter 0 0 50 50 50 50 50 Additional Codes-Physician Services 99218 Encounter 0 0 50 50 50 50 50 Additional Codes-Physician Services 99218 50 50 50 50 50 50 50 Additional Codes-Physician Services 99218 50 50 50 50 50 50 50 5	C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	\$0	\$0	\$0	0
Health Services 97804 30 Minutes 0 0 5 50 50 50 50 0 0 Additional Codes-Physician Services 99201 Encounter 0 0 0 5 50 50 50 0 0 0 0 50 50 50 50 0 0 0 0 0 50 5	Assessment or Health Services		97802		15 Minutes	111	119	\$24,619	\$222	\$207	1
Additional Codes-Physician Services 99201 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Assessment or Health Services		97803		15 Minutes	167	389	\$80,476	\$482	\$207	2
Additional Codes-Physician Services 99202 Encounter 0 0 0 50 50 50 50 0 0 Additional Codes-Physician Services 99204 Encounter 0 0 0 50 50 50 50 0 0 Additional Codes-Physician Services 99204 Encounter 0 0 0 50 50 50 50 0 0 Additional Codes-Physician Services 99205 Encounter 0 0 0 50 50 50 50 0 0 Additional Codes-Physician Services 99211 Encounter 0 0 0 50 50 50 50 0 0 Additional Codes-Physician Services 99212 Encounter 0 0 0 50 50 50 50 0 0 Additional Codes-Physician Services 99212 Encounter 1 1 1 51 5173 5173 5173 1 1 Additional Codes-Physician Services 99214 Encounter 1 1 1 5173 5173 5173 1 1 Additional Codes-Physician Services 99215 Encounter 0 0 0 50 50 50 50 0 0 0 0 0 0 0 0 0 0	Health Services		97804	1000	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99204 Encounter 0 0 0 50 50 50 50 0 0 0 0 0 0 0 0 0 0	Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99204 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99205 Encounter 0 0 \$0	Additional Codes-Physician Services				Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99211 Encounter 0 0 50 50 50 0 Additional Codes-Physician Services 99212 Encounter 0 0 \$0<	Additional Codes-Physician Services				Encounter			\$0	\$0	\$0	0
Additional Codes-Physician Services 99212 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$173	Additional Codes-Physician Services				Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99213 Encounter 1 1 \$173	Additional Codes-Physician Services				Encounter		*****	\$0	\$0	\$0	0
Additional Codes-Physician Services 99214 Encounter 0 0 \$0	Additional Codes-Physician Services				Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99215 Encounter 0 0 \$0						· —— · · · · · · · · · · · · · · · · ·					11
Additional Codes-Physician Services 99221 0 \$0											0
Additional Codes-Physician Services 99222 3 3 \$171 \$57 \$57 1 Additional Codes-Physician Services 99233 0 0 \$0	Additional Codes-Physician Services				Encounter	0		\$0	\$0	\$0	0
Additional Codes-Physician Services 9923 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$20 \$20 \$3 \$3 \$9 \$179 \$60 \$20						0	0	\$0	\$0	\$0	. 0
Additional Codes-Physician Services 99231 3 9 \$179 \$60 \$20 3 Additional Codes-Physician Services 99232 3 6 \$171 \$57 \$29 2 Additional Codes-Physician Services 99233 0 0 \$0 <	Additional Codes-Physician Services							\$171	\$57	\$57	1
Additional Codes-Physician Services 99232 3 6 \$171 \$57 \$29 2 Additional Codes-Physician Services 99233 0 0 \$0									\$0		0
Additional Codes-Physician Services 99233 0 \$0											3
Additional Codes-Physician Services 99238 30 Minutes or less 0 0 \$0							· · · · · · · · · · · · · · · · · · ·		\$57	\$29	2
Additional Codes-Physician Services 99241 Encounter 0 0 \$0											0
Additional Codes-Physician Services 99242 Encounter 0 0 \$0										\$0	0
											0
Additional Codes-Physician Services 99243 Encounter 0 0 \$0 \$0 \$0 0			-								0
	Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0

Genesee				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	,	99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	I	1	\$54	\$54	\$54	1
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	, and the second	99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	1	1	\$67	\$67	\$67	1
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	***	A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		· · · · · · · · · · · · · · · · · · ·	0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140		· · · · · · · · · · · · · · · · · · ·	0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		•	0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridontal, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	7	8	\$3,024	\$432	\$378	1
Activity Therapy (Children's Waiver)	·····	G0176		Encounter	0	0	\$0	\$0	\$0	0

Genesee				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351	****		0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	355	404	\$102,891	\$290	\$255	1
Crisis Residential Services		H0018		Days	9	53	\$13,083	\$1,454	\$247	6
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment	***************************************	H0031		Encounter	687	2,110	\$293,794	\$428	\$139	3
Treatment Planning		H0032		Encounter	290	438	\$43,497	\$150	\$99	2
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	7	496	\$46,270	\$6,610	\$93	71
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	8	38	\$4,693	\$587	\$124	5
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	1	14	\$704	\$704	\$50	14
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	131	163	\$13,536	\$103	\$83	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service	· · · · · · · · · · · · · · · · · · ·	H2011		15 Minutes	110	2,430	\$102,119	\$928	\$42	22
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	856	2,675,654	\$7,617,466	\$8,899	\$3	3,126
Community Living Supports (15 Minutes)		H2015		15 Minutes	386	621,226	\$2,160,861	\$5,598	\$3	1,609
Community Living Supports (Daily)		H2016		Per Diem	75	19,797	\$504,824	\$6,731	\$26	264
Community Living Supports (Daily)		H2016	TF	Per Diem	226	61,270	\$2,954,439	\$13,073	\$48	271
Community Living Supports (Daily)		H2016	TG	Per Diem	318	95,523	\$10,748,248	\$33,800	\$113	300
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound	· · · · · · · · · · · · · · · · · · ·	H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	1	30	\$2,774	\$2,774	\$92	30
Supported Employment Services		H2023		15 minutes	89	37,429	\$232,808	\$2,616	\$6	421
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	35	63,135	\$308,736	\$8,821	\$5	1,804
Medication Review		M0064		Encounter Face-to-Face	56	142	\$22,509	\$402	\$159	3
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		80215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	3330	Encounter	57	86	\$15,110	\$265	\$176	
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	\$0	\$0	\$0	0
Chore Services		85120		15 Minutes	1	70	\$613	\$613	\$9	70
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes		0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	5	6	\$37,317	\$7,463	\$6,219	
Enhanced Medical Equipment-Supplies		S5199		Items	3	3	\$1,677	\$7,463	\$5,219	1
Occupational or Physical Therapy		S8990		Encounter	0	0	\$1,677			I
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing Private Duty Nursing	0382	S9123		Tion	0	0	\$0	\$0	\$0	0
Titvate Daty (various)		37123			U	U	\$0	\$0	\$0	0

Genesee Service Category	Revenue Code	HCPCS Code	Modifier	Unit	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124	Modifier	Measure Hour	Cases	3,277	\$89,528	\$89,528		
Private Duty Nursing	0382	S9124		riour	0	3,277	\$89,328	\$89,328	\$27 \$0	3,277
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9123	TE	Per Diem Per Diem	0	0	\$0			
Health Services		S9123 S9445	16		410			\$0	\$0	0
Health Services				Encounter		719	\$137,487	\$335	\$191	2
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
		S9470		Encounter	72	117	\$24,066	\$334	\$206	2
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	8	22	\$3,079	\$385	\$140	3
Reidential Room and Board		\$9976		Days	0	0	\$0	\$0	\$0	0
Health Services		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	299	315	\$25,162	\$84	\$80	1
Health Services		T1002		Up to 15 min	295	8,730	\$880,975	\$2,986	\$101	30
Health Services		T1003		Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005		15 minutes	313	519,256	\$1,585,308	\$5,065	\$3	1,659
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	651	28,219	\$1,461,496	\$2,245	\$52	43
Targeted Case Management		T1017		15 minutes	1,053	53,821	\$3,039,809	\$2,887	\$56	51
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	2	31	\$2,235	\$1,118	\$72	16
Personal Care in Licensed Specialized Residential Setting		T1020		Days	88	25,060	\$602,820	\$6,850	\$24	285
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	132	36,305	\$1,885,682	\$14,285	\$52	275
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	149	45,721	\$4,609,591	\$30,937	\$101	307
Assessments		T1023		Encounter	63	129	\$18,520	\$294	\$144	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	5	14	\$1,180	\$236	\$84	3
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	1	87	\$890	\$890	\$10	87
Transportation		T2003		Encounter / Trip	675	125,788	\$2,428,692	\$3,598	\$19	186
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005		·	0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011		Evaluation	26	27	\$364	\$14	\$13	1
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	5	129	\$39,180	\$7,836	\$304	26
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	3	3	\$1,271	\$424	\$424	1
Enhanced Medical Equipment-Supplies		T2029		Items	13	14	\$24,682	\$1,899	\$1,763	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	25	33	\$8,006	\$320	\$243	1
Enhanced Medical Equipment-Supplies		T2039		Items	4	4	\$8,430	\$2,107	\$2,107	1
Pharmacy (Drugs and Other Biologicals)					0	0	\$517,099	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Aggregate for a Codes					v					

Gogebic				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	2	452	\$140,843	\$70,422	\$312	226
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	2	50	\$37,190	\$18,595	\$744	25
Inpatient Hospital Ancillary Services - Room and Board	0144		-	Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	. 0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772	-	Encounter	1	15	\$1,198	\$1,198	\$80	15
Medication Administration		90782		Encounter	1	2	\$133	\$133	\$66	2
Medication Administration		90788		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801		Encounter	27	27	\$17,393	\$644	\$644	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	4	6	\$1,245	\$311	\$207	2
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	-310000	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
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Gogebic				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	1	2	\$442	\$442	\$221	2
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy	***	90853		Encounter	12	111	\$8,536	\$711	\$77	9
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	39	160	\$42,667	\$1,094	\$267	4
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	1	1	\$320	\$320	\$320	1
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	\$0	\$0	\$0	0
Assessments-Testing		96100		Hour	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			1	4	\$877	\$877	\$219	4
Psychological Testing by Technician (Children's Waiver)		96102			0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115		Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	\$0	\$0	\$0	0
Assessments-Testing		96117		Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	\$0	\$0	\$0	0

Gogebic				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	6	6	\$3,061	\$510	\$510	1
Occupational Therapy		97004		Encounter	30	32	\$11,326	\$378	\$354	1
Occupational or Physical Therapy		97110		15 Minutes	2	88	\$3,545	\$1,772	\$40	44
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	1	124	\$4,995	\$4,995	\$40	124
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	1	38	\$1,531	\$1,531	\$40	38
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	28	\$1,128	\$1,128	\$40	28
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	1	41	\$1,651	\$1,651	\$40	41
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0

Gogebic				Unit						-
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	. 0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	-	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		•	0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridontal, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210	***		0	0	\$0	\$0	\$0	
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	
									Ψ0	

Activity Therapy (Children's Waiver)

0

0

\$0

Encounter

G0176

\$0

0

Persons with Developmental Disabilities	Fiscal Year 2005-2006
1 crscns with Developmental Disacrimes	1 isem 1 cm 2005-2000

Service (Primer) Service (Pr	Gogebic				Unit						
Medicatorial melimetration demonstrations 1905	Service Category	Revenue Code	HCPCS Code	Modifier		Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Marcine Ministry	Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Personal Survivos S	Medication administration		G0351			0	0	\$0	\$0	\$0	0
Per Decental and Operation Support Services 18023 Research 1	Assessment		H0002		Encounter	21	21	\$4,360	\$208	\$208	1
Personal Services Diversified Ministry Personal Services 0 0 5 5 5 5 5 5 5 5	Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Paces Pace	Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
	Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Fleath Berview 15004 15 Minuter 0	Assessment		H0031		Encounter	10	12	\$5,342	\$534	\$445	1
Community Psychiatric Supportive Trainment	Treatment Planning		H0032		Encounter	43	145	\$47,222	\$1,098	\$326	3
	Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services NA 15 minutes 0 0 50 50 50 50 50 50	Home Based Services		H0036		15 Minutes	1	153	\$5,782	\$5,782	\$38	153
Pec Discreta and Operated Support Services NA 15 minutes 0 0 50 50 50 50 50 50	Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Montange	Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Per diament Leving Supports in Independent living/own home HI004	Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Reprise H0045 Per Diem 0 0 50 50 50 50 50 50	Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Relavisor Management Review H2000 Encounter 11 54 515,011 51,070 5279	Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily) M201 M3 Minutes 0 0 50 50 50 50 50 50	Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-exrolled Service H2011 15 Minutes 7 38 \$2,059 \$294 \$54 Skild-Building and Out of Illone Non Vocational Habilitation H2014 15 minutes 39 \$6,063 \$19,666 \$5,120 \$2 Community Living Supports (Daily) H2016 Per Diem 0 0 \$50 \$50 \$50 Community Living Supports (Daily) H2016 7F Per Diem 1 320 \$16,131 \$16,013 \$50 \$50 Community Living Supports (Daily) H2016 7G Per Diem 1 320 \$16,131 \$16,013 \$50	Behavior Management Review		H2000		Encounter	11	54	\$15,041	\$1,367	\$279	5
Skill-Building and Out of Horne Non Vocational Habilitation H2014 15 minutes 39 86,053 S19,066 35,120 \$2	Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (18 Minutes) H2015 15 Minutes 54 34,889 S16,224 S3,004 S5	Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	7	38	\$2,059	\$294	\$54	5
Community Living Supports (Daily) H2016 Per Diem 0 0 0 50 50 50 50	Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	39	86,063	\$199,666	\$5,120	\$2	2,207
Community Living Supports (Daily)	Community Living Supports (15 Minutes)		H2015		15 Minutes	54	34,889	\$162,234	\$3,004	\$5	646
Community Living Supports (Daily) H2016 TG Per Diem 36 10,642 \$1,725,707 \$37,956 \$162 Belavior Services H2019 15 Minutes 0 0 0 50 50 Winaparound H2021 15 Minutes 0 0 50 50 Winaparound H2022 Days 0 0 50 50 Supported Employment Services H2023 15 minutes 19 947 \$33,121 \$2,059 \$41 Supported Employment Services H2023 15 minutes 19 947 \$33,121 \$2,059 \$41 Mental Health Therapy H2027 15 Minutes 0 0 50 \$50 \$50 Clubhouse Psychoaocial Rehabilitation Programs H2030 15 Minutes 0 0 50 \$50 \$50 Medication Review M0064 Encounter Face-to-Face 28 44 \$1,384 \$49 \$31 Transportation 80209 Per Mile 0 0 50 \$50 \$50 Family Training S5110 15 Minutes 0 0 50 \$50 \$50 Family Training S5110 15 Minutes 0 0 50 \$50 \$50 Family Training S5110 Encounter 0 0 50 \$50 \$50 Family Training Non-Family (Children's Waiver) S5116 Encounter 0 0 50 \$50 \$50 Foster Care S5140 Days 0 0 50 \$50 \$50 Foster Care S5150 15 Minutes 20 11,974 \$37,479 \$1,874 \$31 Respite S5151 Per Diem 0 0 50 \$50 \$50 \$50 Fessoral Emergency Response System (PERS) S5160 Encounter 0 0 0 50 \$50 \$50 Foster Care S5160 Encounter 0 0 0 50 \$50 \$50 Foster Care S5150 15 Minutes 20 11,974 \$37,479 \$1,874 \$31 Respite S5150 Encounter 0 0 0 50 \$50 \$50 Foster Care S5160 Encounter 0 0 0 50 \$50 \$50 Foster Care S5160 Encounter 0 0 0 50 \$50 \$50 Foster Care S5160 Encounter 0 0 0 50 \$50 \$50 Foster Care S5160 Encounter 0 0 0 50 \$50 \$50 Foster Care S5160 Encounter 0 0 0 50 \$50 \$50 Foster Care S5160 Encounter 0 0 0 50 \$50 \$50 Foster Care S5160 Encounter 0 0 0 50 \$50 \$50 Foster Care S5160 Encounte	Community Living Supports (Daily)		H2016		Per Diem	0	0	\$0	\$0	\$0	0
H2019	Community Living Supports (Daily)		H2016	TF	Per Diem	1	320	\$16,131	\$16,131	\$50	320
Wingaround H2021 15 Minutes 0 0 50 50 Wingaround H2022 Days 0 0 50 50 Supported Employment Services H2023 15 minutes 19 947 \$39,121 \$2,059 \$41 Mental Health Therapy H2027 15 Minutes 0 0 50 50 50 Clubhouse Psychosocial Rehabilitation Programs H2030 15 Minutes 0 0 50 50 50 Medication Review M0064 Encounter Face-to-Face 28 44 \$1,384 \$49 \$31 Transportation S0209 Per Mile 0 0 50 50 Transportation \$0215 Per Mile 0 0 50 50 Family Training \$5110 15 Minutes 0 0 50 50 Family Training \$5116 Encounter 0 0 50 50 Home Care Training, Non-Family (Children's Waiver) \$5	Community Living Supports (Daily)		H2016	TG	Per Diem	36	10,642	\$1,725,707	\$47,936	\$162	296
Wraparound H2022 Days 0 0 50 50 50 Supported Employment Services H2023 15 minutes 19 947 \$39,121 \$2,059 \$41 Mental Health Therapy H2027 15 Minutes 0 0 \$0 <	Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services H2023 15 minutes 19 947 \$39,121 \$2,059 \$41 Mental Health Therapy H2027 15 Minutes 0 0 0 50 50 50 Chibhouse Psychosocial Rehabilitation Programs H2030 15 Minutes 0 0 0 50 50 50 Medication Review M0064 Encounter Face-to-Face 28 44 \$1,384 \$49 \$31 Transportation \$0209 Per Mile 0 0 0 50 \$50 \$50 Transportation \$0209 Per Mile 0 0 50 \$50 \$50 Family Training \$5110 15 Minutes 0 0 50 \$50 \$50 Family Training \$5111 Encounter 0 0 50 \$50 \$50 Family Training \$5111 Encounter 0 0 50 \$50 \$50 Chore Services \$5120 15 Minutes 0 0 50 \$50 \$50 Foster Care \$5145 Days 0 0 \$50 \$50 \$50 Respite \$5151 Per Diem 0 0 50 \$50 \$50 Respite \$5151 Per Diem 0 0 50 \$50 \$50 Personal Emergency Response System (PERS) \$5161 Month 0 0 50 50 50 Solution	Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy H2027 15 Minutes 0 0 \$0	Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs H203 15 Minutes 0 0 50 50 50 50 50 50	Supported Employment Services		H2023		15 minutes	19	947	\$39,121	\$2,059	\$41	50
Medication Review M0064 Encounter Face-to-Face 28 44 \$1,384 \$49 \$31 Transportation \$0209 Per Mile 0 0 \$	Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation S0209 Per Mile 0 0 \$0 </td <td>Clubhouse Psychosocial Rehabilitation Programs</td> <td></td> <td>H2030</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Transportation S0215 Per Mile 0 0 \$0 </td <td>Medication Review</td> <td></td> <td>M0064</td> <td></td> <td>Encounter Face-to-Face</td> <td>28</td> <td>44</td> <td>\$1,384</td> <td>\$49</td> <td>\$31</td> <td>2</td>	Medication Review		M0064		Encounter Face-to-Face	28	44	\$1,384	\$49	\$31	2
Family Training S5110 15 Minutes 0 0 \$	Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Family Training S5111 Encounter 0 0 \$0	Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver) S5116 Encounter 0 0 \$0	Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Chore Services S5120 15 Minutes 0 0 \$0	Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Foster Care S5140 Days 0 0 \$0	Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	\$0	\$0	\$0	0
Foster Care S5145 Days 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1,874 \$3 \$3 \$3 \$2 \$2 \$1,974 \$37,479 \$1,874 \$3 \$3 \$0	Chore Services		S5120		15 Minutes	0	0	\$0	\$0	\$0	0
Respite \$5150 15 Minutes 20 11,974 \$37,479 \$1,874 \$3 Respite \$5151 Per Diem 0 0 \$0<	Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Respite S5151 Per Diem 0 0 \$0	Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS) \$5160 Encounter 0 0 \$0	Respite		\$5150		15 Minutes	20	11,974	\$37,479	\$1,874	\$3	599
Personal Emergency Response System (PERS) \$5161 Month 0 0 \$0 \$0 \$0 \$0	Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
	Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
	Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification \$5165 Service 0 0 \$0 \$0 \$0	Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies \$5 8 \$111 \$22 \$14	Enhanced Medical Equipment-Supplies		S5199		Items	5	8	\$111	\$22	\$14	2
Occupational or Physical Therapy S8990 Encounter 4 155 \$13,626 \$3,407 \$88	Occupational or Physical Therapy		S8990		Encounter	4	155	\$13,626	\$3,407	\$88	39
Private Duty Nursing 0582 \$9123 Hour 0 0 \$0 \$0 \$0 \$0	Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing S9123 0 0 \$0 \$0 \$0 \$0	Private Duty Nursing		S9123			0	0	\$0	\$0	\$0	0

Gogebic				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124			0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	TE	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	5	5	\$603	\$121	\$121	1
Health Services		\$9446		Encounter	1	3	\$1,141	\$1,141	\$380	3
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Reidential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Health Services	***	T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	26	27	\$14,567	\$560	\$540	1
Health Services		T1002		Up to 15 min	32	286	\$16,365	\$511	\$57	9
Health Services		T1003		Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005		15 minutes	1	877	\$3,192	\$3,192	\$4	877
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	100	5,223	\$181,865	\$1,819	\$35	52
Targeted Case Management		T1017		15 minutes	19	1,291	\$45,805	\$2,411	\$35	68
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	3	24	\$836	\$279	\$35	8
Personal Care in Licensed Specialized Residential Setting		T1020		Days	29	8,338	\$138,828	\$4,787	\$17	288
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	9	2,624	\$105,695	\$11,744	\$40	292
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	-	Encounter	3	4	\$1,523	\$508	\$381	Ī
Enhanced Medical Supplies or Pharmacy		T1999		Items	2	19	\$243	\$121	\$13	10
Transportation		T2001		**	0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Hour	2	2,168	\$3,556	\$1,778	\$2	1,084
Targeted Case Management (Children's Waiver)	**	T2023		Month	1	5	\$627	\$627	\$125	5
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					113		\$3,068,186			

O. d.			•							
Gratiot Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	2	539	\$151,155	\$75,578	\$280	270
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	1	4	\$2,596	\$2,596	\$649	4
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450	-		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611	•		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710		 -		0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		· · · · · · · · · · · · · · · · · · ·	Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90782		Encounter	0	0	\$0	\$0	\$0	
Medication Administration		90788		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801		Encounter	5	6	\$1,968	\$394	\$328	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	6	8	\$404	\$67	\$51	1
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	14	118	\$11,746	\$839	\$100	8
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$100	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	4	17	\$2,536	\$634	\$149	4
					•	.,	Ψ4,550	4034	φ147	4

Gratiot Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	2	7	\$621	\$310	\$89	4
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	***************************************	90815	- 7.0.	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	***	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	1	24	\$2,227	\$2,227	\$93	24
Therapy-Family Therapy		90847		Encounter	1	38	\$3,425	\$3,425	\$90	38
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857	·	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	67	339	\$59,311	\$885	\$175	5
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	5	5	\$3,112	\$622	\$622	1
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	\$0	\$0	\$0	0
Assessments-Testing		96100		Hour	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		W.A	10	18	\$3,799	\$380	\$211	2
Psychological Testing by Comp (Children's Waiver)		96103			0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115		Hour	7	8	\$1,524	\$218	\$191	1
Neurobehavioral Status Exam (Children's Waiver)		96116			22	25	\$5,627	\$256	\$225	1
Assessments-Testing		96117		Hour	0	0	\$0	\$0	\$0	0
					•	•	***		40	· · · · · · · · · · · · · · · · · · ·
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	\$0	\$0	\$0	0

Gratiot				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	17	17	\$5,503	\$324	\$324	1
Occupational Therapy		97004		Encounter	40	279	\$31,990	\$800	\$115	7
Occupational or Physical Therapy		97110		15 Minutes	4	13	\$373	\$93	\$29	3
Occupational or Physical Therapy		97112		15 Minutes	4	16	\$459	\$115	\$29	44
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	I	12	\$203	\$203	\$17	12
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	1	12	\$344	\$344	\$29	12
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	6	16	\$459	\$76	\$29	3
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231			0	0	\$0	\$0 -	\$0	0
Additional Codes-Physician Services		99232			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0_
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0

Gratiot				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428	-		0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	00
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridontal, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0

Persons with Developmental Disabilities

Revenue (marken) Monte (marken) Mortine (marken) Mortine (marken) Mortine (marken) (marken)<	Gratiot				Unit						
Mechanismanismanismanismanismanismanismanism	Service Category	Revenue Code	HCPCS Code	Modifier		Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Network	Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Clear Decided Sprott Source MIRIL Object 0	Medication administration		G0351			0	0	\$0	\$0	\$0	0
Per Descria Stroverse Media 1902 1902 1902 1903 1903 1904 1905	Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Pecentar Noves-Dereck Media 1905	Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Marstand Millon	Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	. 0
Part	Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Reah Read Services	Assessment		H0031		Encounter	102	106	\$27,370	\$268	\$258	1
None March Sprojents Framen	Treatment Planning		H0032		Encounter	39	140	\$25,897	\$664	\$185	4
Comment Processing Supports Processing Supports Support Supports Support Supports Support Supports Support Supports	Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Peer Dezende and Operated Supports Services	Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Peen Decented and Operated Surposes	Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Neumany Frantmet (ACP)	Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Concentral Living Supports in Independent Invergiows In Independent Invergiows In Independent Invergiows In Independent Invergiows Independent Invergious Invergious Independent Invergious Independent Invergious Independent Invergious Independent Invergious Independent Invergious I	Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Repolic 1904	Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Believe Medication Services - BIP only 1900 1	Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Comprehense Medication Scriego (Signature) 15 minutes 0 50	Respite		H0045		Per Diem	1	97	\$11,682	\$11,682	\$120	97
Crisis Interventien-Novement Medical Services 150 Multiper Miner 13 55 88,46 562,22 51,61 4 Skill-Building and Out of Home Nov Octational Habilitation 11201 15 Minutes 88 127,28 51,61,21 52,82 13,10 60 2,0 Community Living Support (Dally H2016 Per Diem 12 2,02 5118,50 58,78 58 17 Community Living Support (Dally H2016 Per Diem 12 12,02 5118,50 58,78 58,78 13 17 Community Living Support (Dally H2016 Per Diem 15 12,17 13,08,84 36,23 51,08 13 14 Community Living Support (Dally H201 Per Diem 15 12,17 13,08,84 36,20 51,00 13 14	Behavior Management Review		H2000		Encounter	31	97	\$4,644	\$150	\$48	3
Skill-Building and Our of Home Non Vocational Habilation 1204 15 minutes 88 127,28 546,521 55,287 56,000	Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Commantly Living Supports (15) Minutes) 170 Minutes 87 22,975 \$1,802,588 \$1,71,55 \$6 2,645 Commantly Living Supports (Daily) 12016 Per Diem 8 2,428 \$178,625 \$2,728 \$78 30 Commantly Living Supports (Daily) 12016 76 Per Diem 8 2,428 \$178,628 \$2,232 \$78 30 Commantly Living Supports (Daily) 12016 76 Per Diem 85 2,121 \$36,848 \$46,528 \$31,34 38 43 30 \$40 \$6	Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	13	55	\$8,864	\$682	\$161	4
Community Living Supports (Daily)	Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	88	123,728	\$465,217	\$5,287	\$4	1,406
Community Living Supports (Duily)	Community Living Supports (15 Minutes)		H2015		15 Minutes	87	229,975	\$1,492,538	\$17,156	\$6	2,643
Community Living Supports (Daily) H2016 TG Per Diem 35 12,171 \$15,828,480 \$46,528 \$134 \$48 Behavior Services H2019 15 Minutes 0 0 0 \$50 \$50 \$50 \$60<	Community Living Supports (Daily)		H2016		Per Diem	12	2,052	\$118,503	\$9,875	\$58	171
Behavior Services H2019 1.5 Minutes 0 0 30 <t< td=""><td>Community Living Supports (Daily)</td><td></td><td>H2016</td><td>TF</td><td>Per Diem</td><td>8</td><td>2,428</td><td>\$178,628</td><td>\$22,328</td><td>\$74</td><td>304</td></t<>	Community Living Supports (Daily)		H2016	TF	Per Diem	8	2,428	\$178,628	\$22,328	\$74	304
Wrapround H2021 15 Minutes 0 0 \$5 \$50 <	Community Living Supports (Daily)		H2016	TG	Per Diem	35	12,171	\$1,628,480	\$46,528	\$134	348
Marparound Mar	Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services H2021 15 minutes 81 87,084 \$33,403 \$4,128 \$4 1,075 Mental Helh't Therapy	Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy H2027 15 Minutes 0 0 50 50 30 0 Clubboase Psychosocial Rebabilitation Programs H2030 15 Minutes 0 0 50 50 50 50 0 Medication Review M0064 Encounter Face-to-Face 0 0 50 50 50 50 50 60 Transportation 50209 Per Mile 0 0 50	Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Publicuse Psychosocial Rehabilitation Programs H2030 15 Minutes 0 0 50 50 50 50 60 60	Supported Employment Services		H2023		15 minutes	81	87,084	\$334,403	\$4,128	\$4	1,075
Medication Review M0064 Encounter Face-to-Face 0 0 50 50 \$0 0 Transportation S0209 Per Mile 0 0 \$0	Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Per Mile Grasportation S0209 Per Mile Grasportation S0215 Per Mile Grasportation S0215 Per Mile Grasportation S0215 Per Mile Grasportation S0216 Per Mile Grasportation S0216 S0	Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Per Mile De Per Mile De De Per Mile De	Medication Review		M0064		Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Family Training S5110 15 Minutes 0 0 \$	Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Family Training	Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)	Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Chore Services S5120 15 Minutes 0 0 \$0	Family Training		S5111		Encounter	0		\$0	\$0	\$0	0
Foster Care SS140 Days 0 0 \$0	Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	\$0	\$0	\$0	0
Poster Care	Chore Services		S5120		15 Minutes	0	0	\$0	\$0	\$0	0
Respite SS150 15 Minutes 47 62,953 \$100,725 \$2,143 \$2 1,339 Respite SS151 Per Diem 0 0 \$0 <td< td=""><td>Foster Care</td><td></td><td>S5140</td><td></td><td>Days</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></td<>	Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Respite S5151 Per Diem 0 0 \$0	Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS) S5160 Encounter 0 0 \$0	Respite		S5150		15 Minutes	47	62,953	\$100,725	\$2,143	\$2	1,339
Personal Emergency Response System (PERS) S5161 Month 0 0 \$0	Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Environmental Modification S5165 Service 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1 \$1 \$0 Enhanced Medical Equipment-Supplies \$5199 Items \$1 409 \$491 \$10 \$1 \$8 Occupational or Physical Therapy \$8990 Encounter 0 0 \$0	Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies S5199 Items 51 409 \$491 \$10 \$1 8 Occupational or Physical Therapy \$8990 Encounter 0 0 \$0 </td <td>Personal Emergency Response System (PERS)</td> <td></td> <td>S5161</td> <td></td> <td>Month</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy S8990 Encounter 0 0 \$0 <td>Environmental Modification</td> <td></td> <td>S5165</td> <td></td> <td>Service</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Private Duty Nursing 0582 S9123 Hour 0 0 \$0 \$0 \$0 \$0 \$0 0	Enhanced Medical Equipment-Supplies		S5199		Items		409	\$491	\$10	\$1	8
	Occupational or Physical Therapy				Encounter			\$0	\$0	\$0	0
Private Duty Nursing \$9123 0 0 \$0 </td <td>Private Duty Nursing</td> <td>0582</td> <td></td> <td></td> <td>Hour</td> <td></td> <td></td> <td></td> <td>\$0</td> <td>\$0</td> <td>0</td>	Private Duty Nursing	0582			Hour				\$0	\$0	0
	Private Duty Nursing		S9123			0	0	\$0	\$0	\$0	0

Gratiot				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124			0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	TE	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	23	729	\$77,223	\$3,358	\$106	32
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		\$9484		Hour	0	0	\$0	\$0	\$0	. 0
Reidential Room and Board		\$9976		Days	0	0	\$0	\$0	\$0	0
Health Services		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	1	1	\$302	\$302	\$302	1
Health Services		T1002	,	Up to 15 min	45	256	\$19,612	\$436	\$77	6
Health Services		T1003		Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005		15 minutes	2	8,619	\$68,262	\$34,131	\$8	4,310
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	170	6,325	\$493,224	\$2,901	\$78	37
Targeted Case Management		T1017		15 minutes	34	207	\$10,493	\$309	\$51	6
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	. \$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	32	9,432	\$212,314	\$6,635	\$23	295
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	19	6,859	\$232,794	\$12,252	\$34	361
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	363	\$10,494	\$10,494	\$29	363
Assessments		T1023		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	54	350	\$420	\$8	\$1	6
Transportation		T2001			. 0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011		Evaluation	9	32	\$10,892	\$1,210	\$340	4
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	2	8	\$3,114	\$1,557	\$389	4
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	100000	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies	****	T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other			-		0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Pepulation and Cost					218		\$5,825,967			

State of Michigan

Persons with Developmental Disabilities

Hiawatha				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	4	551	\$145,160	\$36,290	\$263	138
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	. \$0	0
Extended Observation Beds	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	. \$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90782		Encounter	7	19	\$1,979	\$283	\$104	3
Medication Administration		90788		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801		Encounter	4	4	\$1,451	\$363	\$363	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	6	39	\$1,267	\$211	\$32	7
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

State of Michigan

CMHSP Cost Data by Service Category

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Hiawatha Service Category	Revenue Code H	ICPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy	110100000000000000000000000000000000000	90809	Triounier	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0 \$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	· · ·	Encounter 75-80 Min	0	0	\$0	\$0	\$0 \$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0			
								\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	. 0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	. 0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	1	1	\$37	\$37	\$37	1
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	67	173	\$21,036	\$314	\$122	3
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	. 0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	6	6	\$8,236	\$1,373	\$1,373	1
Speech & Language Therapy		92507		Encounter	25	109	\$47,319	\$1,893	\$434	4
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	\$0	\$0	\$0	0
Assessments-Testing		96100		Hour	19	59	\$81,572	\$4,293	\$1,383	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		223720000000000000000000000000000000000	0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115		Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	\$0	\$0	\$0	0
Assessments-Testing		96117		Ноиг	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	\$0	\$0	\$0	0

Hiawatha				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	2	2	\$988	\$494	\$494	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	12	12	\$9,573	\$798	\$798	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	54	662	\$93,283	\$1,727	\$141	12
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	-	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	-	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			0	0	. \$0	\$0	\$0	0
Additional Codes-Physician Services		99222			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0

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Hiawatha Service Category	Revenue Code He	CPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services	1101011110 0000 11	99244	171041161	Encounter	O Cases	0	\$0	\$0		
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0 \$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0 \$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0			0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0 \$0	\$0 \$0	\$0 \$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0 \$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter		0	\$0	\$0	\$0	
Additional Codes-Physician Services		99263		Encounter	o	0	\$0	\$0	\$0 \$0	
Additional Codes-Physician Services		99271		Encounter	0		\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0 \$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99274		Encounter		0	\$0	\$0 \$0		0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0 \$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	. \$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0 \$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		Tel one-way trip	0	0	\$0	\$0	\$0	
Transportation		A0130			0	0	\$0	\$0	\$0 \$0	0
Transportation		A0140		***************************************	0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170		T G IVIIC	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0 \$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	
Additional codes - Transportation		A0428		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		Dicounter		0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		- Western	0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	
Peridontal, main		D4910			0	0	\$0	\$0	\$0	
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
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Activity Therapy (Children's Waiver)

0

\$0

\$0

Encounter

G0176

\$0

CMHSP Cost Data by Service Category

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Hiawatha Service Category	Revenue Code	HCPCS Code	Modifier	Unit	Cases	TT-ia-	Cost	Cost/Case	Cost/Unit	Unit/Case
Family Training/Support EBP only	Revenue code	G0177	Modifier	Measure Encounter	Cases	Units 0	\$0	\$0		0
Medication administration		G0351		Encounter	0	0	\$0	\$0	\$0 \$0	
Assessment		H0002		Encounter	32	34	\$5,585	\$175	\$164	1
Crisis Residential Services		H0018		Days	0	0	\$3,383	\$173	\$104	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0 \$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	65	67	\$26,957	\$415	\$402	1
Treatment Planning		H0032		Encounter	86	115	\$36,549	\$425	\$318	1
Health Services		H0034		15 Minutes	2	9	\$1,126	\$563	\$125	
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	55	161	\$2,209	\$40	\$14	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	377	301,317	\$1,181,016	\$3,133	\$4	799
Community Living Supports (15 Minutes)		H2015		15 Minutes	384	82,279	\$492,746	\$1,283	\$6	214
Community Living Supports (Daily)		H2016		Per Diem	6	1,941	\$48,112	\$8,019	\$25	324
Community Living Supports (Daily)		H2016	TF	Per Diem	4	1,106	\$61,993	\$15,498	\$56	277
Community Living Supports (Daily)		H2016	TG	Per Diem	83	22,080	\$3,189,961	\$38,433	\$144	266
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	66	15,686	\$103,802	\$1,573	\$7	238
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	20	37	\$1,813	\$91	\$49	2
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	23	92	\$2,040	\$89	\$22	4
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120		15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		\$5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	3	24	\$7,872	\$2,624	\$328	8
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	2	4	\$58	\$29	\$15	2
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123			0	0	\$0	\$0	\$0	0

State of Michigan

Hiawatha				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124			0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	TE	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Reidential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Health Services		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	29	30	\$35,351	\$1,219	\$1,178	1
Health Services		T1002		Up to 15 min	37	303	\$68,955	\$1,864	\$228	8
Health Services		T1003		Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005		15 minutes	127	77,767	\$174,013	\$1,370	\$2	612
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	318	5,225	\$491,152	\$1,545	\$94	16
Targeted Case Management		T1017		15 minutes	65	1,466	\$81,807	\$1,259	\$56	23
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	79	17,569	\$232,475	\$2,943	\$13	222
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	27	4,999	\$235,098	\$8,707	\$47	185
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	7	1,466	\$104,339	\$14,906	\$71	209
Assessments		T1023		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	48	371	\$13,506	\$281	\$36	8
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011		Evaluation	12	76	\$26,293	\$2,191	\$346	6
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	10	17	\$398	\$40	\$23	2
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	2	2	\$7,316	\$3,658	\$3,658	. 1
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost				-	306		\$7,044,445			

Series (Presente Notice) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Huron				Unit						
Part	Service Category	Revenue Code	HCPCS Code	Modifier		Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Part	State Psychiatric Hospital - Inpatient PT22			PT22	Days	1	57	\$30,128	\$30,128	\$529	57
Control Cont	State Mental Retardation Facility - Inpatient (ICF/MR) PT65			PT65	Days	0	0	\$0	\$0	\$0	0
Page	Local Psychiatric Hospital/IMD PT68			PT68	Days	0	0	\$0	\$0	\$0	0
Paper Pape	Local Psychiatric Hospital - Acute Community PT73			PT73	Days	0	0	\$0	\$0	\$0	0
Paper Pape	Inpatient Hospital Ancillary Services - Room and Board	0144	A Book was		Days	0	0	\$0	\$0	\$0	0
Page	Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0			
Paper Pape	Inpatient Hospital Ancillary Services - Pharmacy					0	0	\$0	\$0	\$0	
Part		0270-0272			# of items	0	0	\$0	\$0	\$0	0
ECT Austhenies	Inpatient Hospital Ancillary Services - Laboratory				# of tests	0	0	\$0	\$0	\$0	0
	Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
Ingalaset Hospital Ancellary Services - Organization Theration 1	ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
	Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inquinet Hospital Ancellary Services - Speech-Language Pathology	Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillar y Services - Renegacy Routhology	Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inputite Hospital Ancillarly Services - Imeragency Room 0460 0460 0461	Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0				
Inpatien Hospital Ancillary Services - Nuthinology 0470-0472	Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0				
Ingatien Hospital Ancillary Services - Audiology 0470-0472	Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0					
Paper Pape	Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0				
ECT Recovery Room		0610-0611			# of tests	0					
Companiem Hospital Ancillary Services - EEG	Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
Impatited Hospital Ancillary Services - EKGECG 0730 0740 # of tests 0 0 50 50 50 50 50 50	ECT Recovery Room	0710				0					
Impatient Hospital Ancillary Services - EEG	Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0				
Extended Observation Beds	Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0				
Additional Codes-ECT Facility Charge 0901 Encounter 0 0 0 S0	Extended Observation Beds	0762			Hour	0	0				
Page	Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0			
Outpatient Partial Hospitalization 0913 Days 0 0 \$0						0	0	\$0	\$0		
Outpatient Partial Hospital Ancillary Services - Other Diagnosis Services 0925 # of tests 0 0 \$0 </td <td>Outpatient Partial Hospitalization</td> <td>0912</td> <td></td> <td></td> <td>Days</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services O940-0942	Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	
Part	Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia 00104 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$10 \$11 \$13 \$12 \$41 \$13 Medication Administration 90782 Encounter 2 5 \$205 \$102 \$41 3 Medication Administration 90788 Encounter 0 0 \$0 <t< td=""><td>Inpatient Hospital Ancillary Services - Other Therapeutic Services</td><td>0940-0942</td><td></td><td></td><td># of visits</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></t<>	Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Medication Administration 90772 Encounter 2 25 \$1,023 \$512 \$41 13 Medication Administration 90782 Encounter 2 5 \$205 \$102 \$41 3 Medication Administration 90788 Encounter 0 0 \$0	Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0		
Medication Administration 90782 Encounter 2 5 \$205 \$102 \$41 3 Medication Administration 90788 Encounter 0 0 \$0 <t< td=""><td>Medication Administration</td><td></td><td>90772</td><td></td><td>Encounter</td><td>2</td><td>25</td><td>\$1,023</td><td>\$512</td><td>\$41</td><td></td></t<>	Medication Administration		90772		Encounter	2	25	\$1,023	\$512	\$41	
Medication Administration 90788 Encounter 0 0 \$0	Medication Administration		90782		Encounter	2	5				
Assessment-Psychiatric Assessment 90801 Encounter 2 2 \$158 \$79 \$79 1 Assessment-Psychiatric Assessment 90802 Encounter 0 0 \$0<	Medication Administration		90788		Encounter	0	0	\$0	\$0		
Assessment-Psychiatric Assessment 90802 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$2 \$28 \$28 \$28 \$1 Therapy-Individual Therapy 90805 Encounter 20-30 Min 0 0 \$0	Assessment-Psychiatric Assessment		90801		Encounter	2					
Therapy-Individual Therapy	Assessment-Psychiatric Assessment		90802								
Therapy-Individual Therapy 90805 Encounter 20-30 Min 0 0 \$	Therapy-Individual Therapy		90804			1					
Therapy-Individual Therapy 90806 Encounter 45-50 Min 4 16 \$2,497 \$624 \$156 4 Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$0						0					
Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$											
7000	Therapy-Individual Therapy		90807			0					
	Therapy-Individual Therapy		90808		Encounter 75-80 Min	1	1	\$64	\$64	\$64	1

Huron				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	. 0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individua! Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	· · · · · · · · · · · · · · · · · · ·	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	- ***	90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	1	14	\$737	\$737	\$53	14
Therapy-Group Therapy	· · · · · · · · · · · · · · · · · · ·	90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	54	131	\$8,158	\$151	\$62	2
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0,138	\$131	\$02	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0 \$0	- 0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	
Speech & Language Therapy Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0		0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0 \$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0			0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Each Additional 13 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100		Hour	3	18	\$3,895	\$0	\$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		Hour	23	126		\$1,298	\$216	6
Psychological Testing by Technician (Children's Waiver)		96102				0	\$26,682	\$1,160	\$212	5
		96103			0		\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)					0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115		Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	\$0	\$0	\$0	0
Assessments-Testing		96117		Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Huron	•						3.000	
Service Category	Revenue Code HCPCS Code Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)	96120	Modsure	0	0	\$0	\$0	\$0	0
Physical Therapy	97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy	97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy	97003	Encounter	19	20	\$4,181	\$220	\$209	1
Occupational Therapy	97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy	97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97530	15 Minutes	19	190	\$10,513	\$553	\$55	10
Occupational or Physical Therapy	97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	97755	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	97760	15 Minutes	0	0	\$0	\$0	\$0	. 0
Prosthetic Training (Children's Waiver)	97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)	97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services	97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services	97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services	97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99205	Encounter	2	2	\$982	\$491	\$491	1
Additional Codes-Physician Services	99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99212	Encounter	. 0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99214	Encounter	15	36	\$7,302	\$487	\$203	2
Additional Codes-Physician Services	99215	Encounter	3	3	\$1,228	\$409	\$409	1
Additional Codes-Physician Services	99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99223		0	0	\$0	. \$0	\$0	0
Additional Codes-Physician Services	99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99243	Encounter	0	0	\$0	\$0	\$0	0

State of Michigan

Huron				Linit						
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	***************************************	99251		Encounter	1	1	\$71	\$71	\$71	1
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	1	2	\$1	\$1	\$1	2
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridontal, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	4	5	\$140	\$35	\$28	1
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0

Huron				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		-	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	3	55	\$32,251	\$10,750	\$586	18
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	6	6	\$1,754	\$292	\$292	1
Treatment Planning		H0032		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	•	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	9	14	\$4,063	\$451	\$290	2
Respite		H0045		Per Diem	27	153	\$13,167	\$488	\$86	6
Behavior Management Review		H2000		Encounter	17	19	\$3,504	\$206	\$184	1
Comprehensive Medication Services - EBP only		H2010	,	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	8	28	\$1,801	\$225	\$64	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	89	60,042	\$650,398	\$7,308	\$11	675
Community Living Supports (15 Minutes)		H2015		15 Minutes	34	238,944	\$619,411	\$18,218	\$3	7,028
Community Living Supports (Daily)		H2016		Per Diem	13	4,326	\$103,482	\$7,960	\$24	333
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	21	6,872	\$1,509,732	\$71,892	\$220	327
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	78	108,601	\$674,055	\$8,642	\$6	1,392
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		\$5111		Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S 5116		Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120		15 Minutes	0	0	· \$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	1	2	\$149	\$149	\$74	2
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S 5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		\$8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123			0	0	\$0	\$0	\$0	0

Huron				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124			0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	TE	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Reidential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Health Services		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	18	18	\$3,762	\$209	\$209	1
Health Services		T1002		Up to 15 min	24	706	\$39,026	\$1,626	\$55	29
Health Services		T1003		Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005		15 minutes	15	5,773	\$7,835	\$522	\$1	385
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	127	5,234	\$380,909	\$2,999	\$73	41
Targeted Case Management		T1017		15 minutes	25	1,238	\$54,462	\$2,178	\$44	50
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1	12	\$535	\$535	\$45	12
Personal Care in Licensed Specialized Residential Setting		T1020		Days	27	8,975	\$153,460	\$5,684	\$17	332
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	14	2,219	\$101,097	\$7,221	\$46	159
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	2	4	\$312	\$156	\$78	2
Assessments		T1023		Encounter	3	5	\$1,462	\$487	\$292	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	1	75	\$587	\$587	\$8	75
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	. \$0	0
Fiscal Intermediary Services		T2025		Month	2	20	\$2,000	\$1,000	\$100	10
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	. \$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for T Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					178		\$4,457,208			

Serve Description	Ionia				Unit						
Part	Service Category	Revenue Code	HCPCS Code	Modifier		Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Control Cont	State Psychiatric Hospital - Inpatient PT22			PT22	Days	2	730	\$174,470	\$87,235	\$239	365
Description Policy Polic	State Mental Retardation Facility - Inpatient (ICF/MR) PT65			PT65	Days	1	365	\$186,880	\$186,880	\$512	365
Pages Page	Local Psychiatric Hospital/IMD PT68			PT68	Days	2	31	\$17,509	\$8,754	\$565	16
Paper	Local Psychiatric Hospital - Acute Community PT73			PT73	Days	2	10	\$5,648	\$2,824	\$565	5
Paper Reginal Academy Services Memorian Services Services Services Memorian Services Services Services Memorian Services Service	Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Paper Reginal Reginal Supplies and 2007-2019 6 of feater 1 of feater 1 of feater 2 of	Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Paperies Paperies	Inpatient Hospital Ancillary Services - Pharmacy					0	0	\$0	\$0	\$0	0
Paper Pape		0270-0272			# of items	0	0	\$0	\$0	\$0	0
Companient Depart Depart	Inpatient Hospital Ancillary Services - Laboratory				# of tests	0	0	\$0	\$0	\$0	0
Imposition Hospital Ancillary Services - Physicial Therapy	Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
Importeen Hespital Ancellary Services - Occupational Therapy 0450-0414 # of treatments 0 0 50 50 50 0 0 Impation Hespital Ancellary Services - Speech-Language Pathology 0410-0414 # of treatments 0 0 50 50 50 50 0 Impation Hespital Ancellary Services - Speech-Language Pathology 0410-0414 # of treatments 0 0 0 50 50 50 50 0 Impation Hespital Ancellary Services - Speech-Language Pathology 0410-0412 # of tests 0 0 0 50 50 50 50 0 Impation Hespital Ancellary Services - Nadiology 0470-0472 # of tests 0 0 0 50 50 50 0 0 Impation Hespital Ancellary Services - Audiology 0470-0472 # of tests 0 0 0 50 50 50 0 0 Impation Hespital Ancellary Services - Audiology 0470-0472 # of tests 0 0 0 50 50 50 0 0 Impation Hespital Ancellary Services - Audiology 0610-041 # of tests 0 0 0 50 50 50 0 0 Impation Hespital Ancellary Services - Paramey 0656 # of units 0 0 0 50 50 50 0 0 IECT Recovery Room 0710 # of tests 0 0 0 50 50 50 0 0 Inguitan Hespital Ancellary Services - REGGECG 0730-0711 # of tests 0 0 0 50 50 50 0 0 Inguitan Hespital Ancellary Services - REGGECG 0730-0711 # of tests 0 0 0 50 50 50 0 0 Inguitan Hespital Ancellary Services - Perchantic Psychological 0750 1 1 1 1 1 1 1 1 1	ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
	Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Impatient Hospital Ancillary Services - Expendent Janguage Pathology	Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Paper Pape	Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Papatient Hospital Ancillary Services - Polmonary Function 0460 # of tests 0 0 50 50 50 50 0 1 1 1 1 1 1 1 1	Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Paper Pape	Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Ministro Ministration Ministra	Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Pact		0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Paper Pape	Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
Paper Pape	ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Extended Observation Beds	Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge 0901 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological O900, 0902-0904, O911, 0914-0919 # of visits 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Extended Observation Beds	0762			Hour	0	0	\$0	\$0	\$0	0
Part Part Part Hospital Hospi	Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization 0913 Days 0 0 50 50 50 0 Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925 # of tests 0 0 \$					# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925 # of tests 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services 0940-0942	Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia 00104 Minutes 0 0 \$0	Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Medication Administration 90772 Encounter 0 0 S0 \$0 \$0 0 Mode of the control of the c	Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Medication Administration 90782 Encounter 0 0 50 \$0 \$0 0 Medication Administration 90788 Encounter 0 0 50 \$0<	Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration 90788 Encounter 0 0 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1 \$1 \$1 \$1 \$1 \$1 \$2 \$51 \$51 \$1 \$1 \$1 \$2 \$1 \$51 \$1 \$1 \$1 \$2 \$51 \$51 \$1 \$1 \$1 \$2 \$1 \$1 \$1 \$1 \$2 \$2 \$51 \$51 \$1 \$1 \$1 \$2 \$2 \$51 \$51 \$1 \$1 \$2 \$2 \$2 \$3 \$0<	Medication Administration		90772		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment 90801 Encounter 14 14 \$7,152 \$511 \$511 1 Assessment-Psychiatric Assessment 90802 Encounter 0 0 \$0 <	Medication Administration		90782		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment 90802 Encounter 0 0 50 \$0 </td <td>Medication Administration</td> <td></td> <td>90788</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Medication Administration		90788		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 90804 Encounter 20-30 Min 0 0 50 \$0 \$0 0 Therapy-Individual Therapy 90805 Encounter 20-30 Min 0 0 \$	Assessment-Psychiatric Assessment		90801		Encounter	14	14	\$7,152	\$511	\$511	1
Therapy-Individual Therapy 90805 Encounter 20-30 Min 0 0 \$	Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 90806 Encounter 45-50 Min 16 75 \$5,882 \$368 \$78 \$ Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$0	Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$	Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
	Therapy-Individual Therapy		90806		Encounter 45-50 Min	16	75	\$5,882	\$368	\$78	5
Therapy-Individual Therapy 90808 Encounter 75-80 Min 1 1 \$127 \$127 \$127 \$127 1	Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
	Therapy-Individual Therapy		90808		Encounter 75-80 Min	1	1	\$127	\$127	\$127	1

Ionia				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	. 0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	1	6	\$471	\$471	\$79	6
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	11	44	\$1,919	\$174	\$44	4
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	46	182	\$32,234	\$701	\$177	4
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	1	1	\$198	\$198	\$198	1
Speech & Language Therapy		92506		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	1	1	\$85	\$85	\$85	1
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	\$0	\$0	\$0	0
Assessments-Testing		96100		Hour	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102			0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0 .	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115		Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	\$0	\$0	\$0	0
Assessments-Testing		96117		Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	\$0	\$0	\$0	0

Michigan Department of Community Health 05/31/2007 Page 2c4-86

Ionia				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	6	6	\$1,696	\$283	\$283	1
Occupational Therapy		97004		Encounter	7	7	\$825	\$118	\$118	1
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	. 0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	2	9	\$212	\$106	\$24	5
Assessment or Health Services		97803		15 Minutes	7	34	\$802	\$115	\$24	5
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0 -	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		1 1110011	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0

Ionia				•					21415	
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0				
Additional Codes-Physician Services		99245		Encounter	0	0	\$0 \$0	\$0 \$0	\$0 \$0	0
Additional Codes-Physician Services		99251		Encounter	0	0				0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0 \$0	\$0 \$0	\$0 \$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services	***************************************	99255		Encounter	0	0	\$0 \$0			0
Additional Codes-Physician Services		99261		Encounter		0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0		\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0 \$0	\$0 \$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0		\$0	0
Additional Codes-Physician Services	·	99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0 \$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0		\$0 \$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0 \$0		0
Transportation		A0080		Per mile	0	0			\$0	0
Transportation		A0090		Per mile	0	0	\$0 \$0	\$0	\$0	0
Transportation		A0100			0	0		\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		rei one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0 \$0	\$0	\$0	0
Transportation		A0170		1 et tville	0	0	\$0	\$0 \$0	\$0 \$0	
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0		0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0		\$0	0
Additional codes - Transportation		A0428	·	Refer to code descriptions.	0	0	\$0	\$0 \$0	\$0 \$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter		0	\$0	\$0	\$0	
Intraoral periapical		D0220		Enounter	0	0	\$0	\$0		
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0 \$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	
Resin based comp-three surfaces, post		D2393				0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0 \$0	0
Peridontal, main		D4910		·	0	0	\$0 \$0	\$0	\$0 \$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0		0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0 \$0	\$0 \$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0 \$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	\$0	\$0	\$0 \$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0		0
Activity Therapy (Children's Waiver)	-	G0176		Encounter	0	0	\$0 \$0		\$0	0
		00170		Encounter	υ	U	20	\$0	\$0	0

CMHSP Cost Data by Service Category

CMHSP Cost Data by Service Category		Person	s with Devel	opmental Disabilities		Fiscal	Year 2005-2006		State of	Michigan
Ionia Service Colores				Unit						•
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351			0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	1	1	\$127	\$127	\$127	1
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	35	42	\$3,606	\$103	\$86	1
Treatment Planning		H0032		Encounter	37	42	\$3,606	\$97	\$86	1
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	5	198	\$11,878	\$2,376	\$60	40
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home	****	H0043		Per diem	19	6,239	\$1,812,542	\$95,397	\$291	328
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	7	8	\$311	\$44	\$39	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	14	142	\$8,762	\$626	\$62	10
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	12	2,982	\$64,182	\$5,349	\$02	
Community Living Supports (15 Minutes)		H2015		15 Minutes	80	52,192	\$435,765			249
Community Living Supports (Daily)		H2016		Per Diem	17		<u>-</u>	\$5,447	\$8	652
Community Living Supports (Daily)		H2016	TF	Per Diem	6	5,112	\$119,020	\$7,001	\$23	301
Community Living Supports (Daily)		H2016	TG			1,825	\$85,288	\$14,215	\$47	304
Behavior Services		H2019	76	Per Diem	0	2,915	\$328,479	\$32,848	\$113	292
Wraparound		H2019		15 Minutes		0	\$0	\$0	\$0	0
Wraparound				15 Minutes	0	0	\$0	\$0	. \$0	0
Supported Employment Services		H2022		Days	0	0	\$0	\$0	\$0	0
		H2023		15 minutes	22	2,745	\$67,252	\$3,057	\$24	125
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	. 0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	26	151	\$27,798	\$1,069	\$184	6
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	. 0	. 0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	8	38	\$11,611	\$1,451	\$306	5
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120		15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	3	28	\$2,991	\$997	\$107	9
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123		7.1171	0	0	\$0	\$0	\$0	0
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Ionia				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124			0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	TE	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	.0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	· 2	2	\$1,272	\$636	\$636	1 -
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Reidential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Health Services		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	13	13	\$372	\$29	\$29	1
Health Services		T1002		Up to 15 min	25	401	\$14,691	\$588	\$37	16
Health Services		T1003		Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005		15 minutes	22	16,357	\$105,804	\$4,809	\$ 6	744
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	41	2,803	\$134,458	\$3,279	\$48	68
Targeted Case Management		T1017		15 minutes	131	4,813	\$276,060	\$2,107	\$57	37
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1	1	\$58	\$58	\$58	1
Personal Care in Licensed Specialized Residential Setting		T1020		Days	23	7,114	\$111,172	\$4,834	\$16	309
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	5	912	\$62,103	\$12,421	\$68	182
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	5	1,825	\$264,513	\$52,903	\$145	365
Assessments		T1023		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	. 0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	3	15	\$2,147	\$716	\$143	5
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	2	4	\$1,286	\$643	\$321	2
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	1	1	\$725	\$725	\$725	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					209		\$4,393,988			

Professional pro	Kalamazoo				Unit						
Part	Service Category	Revenue Code	HCPCS Code	Modifier		Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Care Perferent Montr Perfer Montr Perferent Montr Perfer Montr Perfect Montr Perfer Montr Perfect Montr	State Psychiatric Hospital - Inpatient PT22			PT22	Days	3	236	\$126,325	\$42,108	\$535	79
Company Comp	State Mental Retardation Facility - Inpatient (ICF/MR) PT65			PT65	Days	5	1,184	\$336,568	\$67,314	\$284	237
Part	Local Psychiatric Hospital/IMD PT68			PT68	Days	0	0	\$0	\$0	\$0	0
Paper Hospital Ancellay Services - Lever of Alames 131 102 103	Local Psychiatric Hospital - Acute Community PT73			PT73	Days	0	0	\$0	\$0	\$0	0
Part	Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Property Property	Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Pagenes Hoppid Ancillery Services - Radialogy	Inpatient Hospital Ancillary Services - Pharmacy					0	0	\$0	\$0	\$0	0
Page		0270-0272			# of items	0	0	\$0	\$0	\$0	0
Part	Inpatient Hospital Ancillary Services - Laboratory				# of tests	0	0	\$0	\$0	\$0	0
Inputies Hospial Ancellary Services - Reprintanty Services - Polystati Hongial Ancellary Services - Polystatic Polyst	Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
Inguised Hospiel Anacilley Services - Open Internation 1	ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Impatient Hospital Anacillary Services - Oscupational Therapy 040-0444 # of reatments 0 0 50 50 50 50 50 50	Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Ingustient Hospital Ancellary Services - Emergency Room	Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inspirate Hospiral Ancellary Services - Purtonoury Function	Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
	Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Paper Pape	Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Paper Partial Hospital Ancillary Services - Magnetic Resonance Technology 0610-661 # of units 0 0 0 0 0 0 0 0 0	Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
CARTE CART	Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room		0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Papatient Hospital Ancillary Services - EKG/ECQ 0730 0740 # of tests 0 0 50 50 50 0 0 1 1 1 1 1 1 1	Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
Papatient Hospital Ancillary Services - EEG	ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Extended Observation Beds	Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge 0901 Encounter 0 0 0 80 80 80 80 80 80 80 10 Inpatient Hospital Ancillary Services - Psychiatric/Psychological 0900, 0902-0904, 0911, 0914-0919 80 90 80 80 80 80 80 80 80 80 80 80 80 80 80	Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Page	Extended Observation Beds	0762			Hour	0	0	\$0	\$0	\$0	0
Part	Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization 0913 Days 1 3 5950 5950 5317 3 Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925 # of tests 0 0 \$0					# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925 # of tests 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services 0940-0942 # of visits 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Outpatient Partial Hospitalization	0913			Days	1	3	\$950	\$950	\$317	3
Additional Codes-ECT Anesthesia 00104 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$2 \$16 \$2 \$10 <t< td=""><td>Inpatient Hospital Ancillary Services - Other Diagnosis Services</td><td>0925</td><td></td><td></td><td># of tests</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></t<>	Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Medication Administration 90772 Encounter 4 6 894 \$24 \$16 2 Medication Administration 90782 Encounter 3 10 \$900 \$300 \$90 3 Medication Administration 90788 Encounter 0 0 \$0 <td>Inpatient Hospital Ancillary Services - Other Therapeutic Services</td> <td>0940-0942</td> <td></td> <td></td> <td># of visits</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Medication Administration 90782 Encounter 3 10 \$900 \$300 \$90 3 Medication Administration 90788 Encounter 0 0 \$0 <	Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration 90788 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$40 \$40 \$1 \$1 \$2	Medication Administration		90772		Encounter	4	6	\$94	\$24	\$16	2
Assessment-Psychiatric Assessment 90801 Encounter 224 246 \$98,610 \$440 \$401 1 Assessment-Psychiatric Assessment 90802 Encounter 0 0 \$0	Medication Administration		90782		Encounter	3	10	\$900	\$300	\$90	3
Assessment-Psychiatric Assessment 90802 Encounter 0 0 \$0 </td <td>Medication Administration</td> <td></td> <td>90788</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Medication Administration		90788		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 90804 Encounter 20-30 Min 0 0 \$	Assessment-Psychiatric Assessment		90801		Encounter	224	246	\$98,610	\$440	\$401	1
Therapy-Individual Therapy 90805 Encounter 20-30 Min 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1 \$	Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 90806 Encounter 45-50 Min 42 456 \$47,928 \$1,141 \$105 11 Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$0 <td>Therapy-Individual Therapy</td> <td></td> <td>90804</td> <td></td> <td>Encounter 20-30 Min</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>. 0</td>	Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	. 0
Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$	Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$	Therapy-Individual Therapy		90806		Encounter 45-50 Min	42	456	\$47,928	\$1,141	\$105	11
	Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	
	Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category Persons with Developmental Disabilities Fiscal Year 2005-2006 State of Michigan Kalamazoo Unit Service Category Revenue Code HCPCS Code Modifier Cost/Case Cost/Unit Unit/Case Measure Cases Units Cost Therapy-Individual Therapy 90809 Encounter 75-80 Min 0 \$0 \$0 \$0 0 Therapy-Individual Therapy 90810 Encounter 20-30 Min 0 0 \$0 \$0 \$0 0 Therapy-Individual Therapy 90811 Encounter 20-30 Min 0 0 \$0 \$0 \$0 0 Therapy-Individual Therapy 90812 Encounter 45-50 Min 0 0 \$0 \$0 \$0 0 Therapy-Individual Therapy 90813 Encounter 45-50 Min 0 0 \$0 \$0 \$0 0 Therapy-Individual Therapy 90814 Encounter 75-80 Min 0 0 \$0 \$0 \$0 0 Therapy-Individual Therapy 90815 Encounter 75-80 Min 0 0 \$0 \$0 \$0 0 Therapy-Individual Therapy 90816 Encounter 20-30 Min 0 0 \$0 \$0 \$0 0 Therapy-Individual Therapy 90817 Encounter 20-30 Min ብ 0 \$0 \$0 \$0 0 Therapy-Individual Therapy 90818 Encounter 45-50 Min 0 \$0 \$0 \$0 0 Therapy-Individual Therapy 90819 Encounter 45-50 Min 0 0 \$0 \$0 \$0 0 Therapy-Individual Therapy 90821 Encounter 75-80 Min 0 0 \$0 \$0 \$0 0 Therapy-Individual Therapy 90822 Encounter 75-80 Min 0 0 \$0 \$0 \$0 0 Therapy-Individual Therapy 90823 Encounter 20-30 Min 0 \$0 0 \$0 \$0 n Therapy-Individual Therapy 90824 Encounter 20-30 Min 0 0 \$0 \$0 \$0 0 Therapy-Individual Therapy 90826 Encounter 45-50 Min 0 0 \$0 \$0 \$0 0 Therapy-Individual Therapy 90827 Encounter 45-50 Min 0 0 \$0 \$0 \$0 0 Therapy-Individual Therapy 90828 Encounter 75-80 Min 0 0 \$0 \$0 \$0 0 Therapy-Individual Therapy 90829 Encounter 75-80 Min 0 0 \$0 \$0 \$0 0 Therapy-Family Therapy 90846 Encounter 0 0 \$0 \$0 \$0 0 Therapy-Family Therapy 90847 Encounter 0 0 \$0 \$0 \$0 0 Therapy-Family Therapy 90849 Encounter 0 0 \$0 \$0 \$0 0 Therapy-Family Therapy 90849 HS Encounter 0 0 \$0 \$0 \$0 0 Therapy-Group Therapy 90853 Encounter 0 0 \$0 \$0 \$0 0 Therapy-Group Therapy 90857 0 0 \$0 Encounter \$0 \$0 0 Medication Review 90862 Encounter 271 1,012 \$153,573 \$567 \$152 4 Additional Codes-ECT Physician 90870 Encounter 0 \$0 \$0 \$0 0 Assessments-Other 90887 0 0 Encounter \$0 \$0 \$0 0 Speech & Language Therapy 92506 Encounter 0 0 \$0 \$0 \$0 0 Speech & Language Therapy 92507 Encounter 2 44 \$3,658 \$1,829 \$83 22 Speech & Language Therapy 92508 Encounter 0 \$0 \$0 0 \$0 Speech & Language Therapy 92526 Encounter 0 0 \$0 \$0 \$0 0 Speech & Language Therapy 92610 Encounter 0 0 \$0 \$0 \$0 0 Evaluation of Auditory Rehabilitation Status (Children's Waiver) 92626 First Hour Ω 0 \$0 \$0 \$0 0 Evaluation of Auditory Rehabiliation Status (Children's Waiver) 92627 Each Additional 15 Minutes 0 0 \$0 \$0 \$0 0 Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver) 92633 0 0 \$0 \$0 \$0 0 Assessments-Testing 96100 Hour 8 4 \$600 \$150 \$75 2 Psychological Testing PSYCH/PHYS (Children's Waiver) 96101 11 21 \$3,054 \$278 \$145 2 Psychological Testing by Technician (Children's Waiver) 96102 0 0 \$0 \$0 \$0 0 Psychological Testing by Comp (Children's Waiver) 96103 0 0 \$0 \$0 \$0 0 Assessments-Other 96105 Encounter 0 0

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Neurobehavioral Status Exam (Children's Waiver)

Neuropsych test by Psych/Phys (Children's Waiver)

Neuropsych test by Tech (Children's Waiver)

Assessments-Other

Assessments-Other

Assessments-Testing

Assessments-Testing

Encounter

Encounter

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Kalamazoo				Unit						•
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	49	49	\$6,634	\$135	\$135	1
Physical Therapy		97002		Encounter	16	17	\$1,116	\$70	\$66	1
Occupational Therapy		97003		Encounter	9	9	\$1,114	\$124	\$124	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	13	472	\$12,531	\$964	\$27	36
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	5	712	\$9,790	\$1,958	\$14	142
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	14	477	\$13,531	\$967	\$28	34
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			. 0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	4	26	\$685	\$171	\$26	7
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214		Encounter	4	9	\$1,098	\$275	\$122	2
Additional Codes-Physician Services		99215		Encounter	3	6	\$1,008	\$336	\$168	2
Additional Codes-Physician Services		99221			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
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Kalamazoo				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	2	2	\$772	\$386	\$386	I
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	· · · · · · · · · · · · · · · · · · ·	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	····	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	- \$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		· · · · · · · · · · · · · · · · · · ·	0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392	***************************************		0	0	\$0	\$0	\$0	. 0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridontal, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		•	0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0

Kalamazoo				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351			0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	116	117	\$8,091	\$70	\$69	1
Crisis Residential Services		H0018		Days	12	203	\$53,105	\$4,425	\$262	17
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032		Encounter	108	587	\$85,880	\$795	\$146	5
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	24	5,194	\$169,392	\$7,058	\$33	216
Community Living Supports in Independent living/own home		H0043		Per diem	56	15,493	\$1,802,028	\$32,179	\$116	277
Respite		H0045		Per Diem	1	5	\$1,250	\$1,250	\$250	5
Behavior Management Review		H2000		Encounter	93	323	\$5,393	\$58	\$17	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	0	0	. \$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	333	1,139,906	\$3,234,980	\$9,715	\$3	3,423
Community Living Supports (15 Minutes)		H2015		15 Minutes	164	964,360	\$2,678,368	\$16,332	\$3	5,880
Community Living Supports (Daily)		H2016		Per Diem	11	3,507	\$148,469	\$13,497	\$42	319
Community Living Supports (Daily)		H2016	TF	Per Diem	110	35,128	\$3,606,259	\$32,784	\$103	319
Community Living Supports (Daily)		H2016	TG	Per Diem	91	27,330	\$1,922,641	\$21,128	\$70	300
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	3	3	\$77	\$26	\$26	1
Supported Employment Services		H2023		15 minutes	158	65,999	\$731,461	\$4,630	\$11	418
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	22	27,329	\$88,740	\$4,034	\$3	1,242
Medication Review		M0064		Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	1	17	\$1,275	\$1,275	\$75	17
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	5	56	\$3,477	\$695	\$62	11
Chore Services		S5120		15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	254	270,685	\$468,529	\$1,845	\$2	1,066
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	59	1,151	\$74,274	\$1,259	\$65	20
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123			0	0	\$0	\$0	\$0	0

Kalamazoo				TT 14						
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124			1	408	\$4,772	\$4,772	\$12	408
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		\$9125	TE	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	. 0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Reidential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Health Services		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	79	79	\$8,948	\$113	\$113	1
Health Services		T1002		Up to 15 min	320	3,161	\$150,334	\$470	\$48	10
Health Services		T1003		Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005		15 minutes	54	41,888	\$320,474	\$5,935	\$8	776
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	601	52,846	\$1,956,332	\$3,255	\$37	88
Targeted Case Management		T1017		15 minutes	41	3,376	\$193,143	\$4,711	\$57	82
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	41	12,355	\$238,557	\$5,818	\$19	301
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	130	42,084	\$2,452,432	\$18,865	\$58	324
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	36	10,195	\$938,976	\$26,083	\$92	283
Assessments		T1023		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Hour	0	. 0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	12	118	\$34,058	\$2,838	\$289	10
Fiscal Intermediary Services		T2025		Month	54	482	\$60,226	\$1,115	\$125	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$14,960	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	20	196	\$30,934	\$1,547	\$158	10
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					7	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL	·		5	0	\$0	\$0	\$0	0
Total Population and Cost					901		\$22,308,374			

Seminary Name (Seminary 1972) 1972 197	Lapeer				Unit						-
No. Process Process	Service Category	Revenue Code	HCPCS Code	Modifier		Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Part	State Psychiatric Hospital - Inpatient PT22			PT22	Days	1	52	\$29,697	\$29,697	\$571	52
1000 1000	State Mental Retardation Facility - Inpatient (ICF/MR) PT65			PT65	Days	0	0	\$0	\$0	\$0	0
Page	Local Psychiatric Hospital/IMD PT68			PT68	Days	0	0	\$0	\$0	\$0	0
Papelane Hospinal Ancelling-Services - Lawrend (Americo) 101 102 102 103	Local Psychiatric Hospital - Acute Community PT73			PT73	Days	3	51	\$32,227	\$10,742	\$632	17
Patter Report Andrelly Services - Patternegy 1970 19	Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Paper	Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Paper Pape	Inpatient Hospital Ancillary Services - Pharmacy					0	0	\$0	\$0	\$0	0
Paper Pape		0270-0272			# of items	0	0	\$0	\$0	\$0	0
Part	Inpatient Hospital Ancillary Services - Laboratory				# of tests	0	0	\$0	\$0	\$0	0
Impatises Hospiel Ancellary Services - Regulation (Services - Physical Thorapy 0420-0424	Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
Injustices Inj	ECT Anesthesia	0370				0	0	\$0		\$0	
	Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Ingenited Hospital Ancellary Services - Speech-Language Pathology	Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
	Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
	Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0				
Paptient Hospital Ancillary Services - Pulmonary Function 040 70-0472 8 of tests 0 0 0 0 0 0 0 0 0	Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0				
Paper Hospital Ascillary Services - Magnetic Reconance Technology 0610-0611 # of tests 0 0 0 0 0 0 0 0 0	Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0					
Papatient Hospital Ancollary Services - Magnetic Resonance Technology 0610-0611 80 of 10 o	Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0				
ECT Recovery Room		0610-0611			# of tests	0	0				
Feace Feac	Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
Paptient Hospital Ancillary Services - EBG	ECT Recovery Room	0710				0	0	\$0			
Papatient Hospital Ancillary Services - EEG	Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0				
Extended Observation Beds	Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0				
Additional Codes-ECT Facility Charge 0901 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Extended Observation Beds	0762			Hour	0	0	\$0	\$0	\$0	
Page	Additional Codes-ECT Facility Charge	0901			Encounter	0	0				· · · · · · · · · · · · · · · · · · ·
Outpatient Partial Hospitalization 0913 Days 0 0 50 \$0						0	0				
Outpatient Partial Hospital Ization 0913 Days 0 0 \$0	Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925 # of tests 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia 00104 Minutes 0 0 50 \$0	Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	
Additional Codes-ECT Anesthesia 00104 Minutes 0 0 50 50 50 0 Medication Administration 90772 Encounter 0 0 50 50 50 0 Medication Administration 90782 Encounter 1 1 \$46 \$46 \$46 1 Medication Administration 90788 Encounter 0 0 50 \$0 <t< td=""><td>Inpatient Hospital Ancillary Services - Other Therapeutic Services</td><td>0940-0942</td><td></td><td></td><td># of visits</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></t<>	Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Medication Administration 90782 Encounter 1 1 \$46 \$4	Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	
Medication Administration 90788 Encounter 0 0 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$25 \$25 \$1 Assessment-Psychiatric Assessment 90801 Encounter 0 0 \$0	Medication Administration		90772		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration 90788 Encounter 0 0 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$276 \$254 \$1 Assessment-Psychiatric Assessment 90802 Encounter 0 0 \$0	Medication Administration		90782		Encounter	1	1	\$46	\$46	\$46	1
Assessment-Psychiatric Assessment 90801 Encounter 23 25 \$6,341 \$276 \$254 1 Assessment-Psychiatric Assessment 90802 Encounter 0 0 \$0 <	Medication Administration		90788		Encounter	0	0	\$0	\$0		
Assessment-Psychiatric Assessment 90802 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1,732 \$289 \$91 3 Therapy-Individual Therapy 90805 Encounter 20-30 Min 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1,296 \$172 8 Therapy-Individual Therapy 90806 Encounter 45-50 Min 0 0 \$0 \$0 \$1,296 \$172 8 Therapy-Individual Therapy 90806 Encounter 45-50 Min 0 0 \$0 <td>Assessment-Psychiatric Assessment</td> <td></td> <td>90801</td> <td></td> <td>Encounter</td> <td>23</td> <td>25</td> <td>\$6,341</td> <td>\$276</td> <td>\$254</td> <td></td>	Assessment-Psychiatric Assessment		90801		Encounter	23	25	\$6,341	\$276	\$254	
Therapy-Individual Therapy 99804 Encounter 20-30 Min 6 19 \$1,732 \$289 \$91 3 Therapy-Individual Therapy 90805 Encounter 20-30 Min 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1,296 \$172 \$8 Therapy-Individual Therapy 90806 Encounter 45-50 Min 0 0 \$0 <td>Assessment-Psychiatric Assessment</td> <td></td> <td>90802</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td>	Assessment-Psychiatric Assessment		90802		Encounter	0	0				
Therapy-Individual Therapy 9805 Encounter 20-30 Min 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1,296 \$172 \$8 Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$0	Therapy-Individual Therapy		90804		Encounter 20-30 Min	6	19				
Therapy-Individual Therapy 90806 Encounter 45-50 Min 17 128 \$22,036 \$1,296 \$172 8 Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$0	Therapy-Individual Therapy		90805		Encounter 20-30 Min	0					
Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$	Therapy-Individual Therapy		90806		Encounter 45-50 Min	17	128				
			90807								
	Therapy-Individual Therapy		90808		Encounter 75-80 Min	1		\$262	\$262	\$262	1

Lapeer				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	4	18	\$3,209	\$802	\$178	5
Therapy-Family Therapy		90847		Encounter	5	28	\$4,951	\$990	\$177	6
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	2	7	\$2,491	\$1,246	\$356	4
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	108	502	\$76,500	\$708	\$152	5
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	\$0	\$0	\$0	0
Assessments-Testing		96100		Hour	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			5	8	\$1,782	\$356	\$223	2
Psychological Testing by Technician (Children's Waiver)		96102			0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115		Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	\$0	\$0	\$0	0
Assessments-Testing		96117		Hour	0	0	\$0	\$0	\$0	
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	\$0	\$0	\$0	0
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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	1	1	\$370	\$370	\$370	1
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	1	1	\$83	\$83	\$83	1
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	******	97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	. 0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	····	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category		Persons with Developmental Disabilities					Year 2005-2006		State of Michigan		
Lapeer				Unit							
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case	
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0	
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0	
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0	
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0	
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0	
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0	
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0	
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0	
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0	
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0	
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0	
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0	
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0	
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0	
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0	
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0	
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0	
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0	
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0	
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0	
Transportation		A0120			0	0	\$0	\$0	\$0	0	
Transportation		A0130			0	0	\$0	\$0	\$0	0	
Transportation		A0140			0	0	\$0	\$0	\$0	0	
Transportation		A0160		Per Mile	0	. 0	\$0	\$0	\$0	0	
Transportation		A0170			0	0	\$0	\$0	\$0	0	
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0	
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0	
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0	
General dental services		D0150			0	0	\$0	\$0	\$0	0	
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0	
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0	
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0	
Bitewings		D0274			0	0	\$0	\$0	\$0	0	
Prophylaxis Adult		D1110	·		0	0	\$0	\$0	\$0	0	
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0	
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0	
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0	
Resin based comp-one surface, post		D2391			- 0	0	\$0	\$0	\$0	0	
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0	

D2393

D2750

D4910

D7210

D7310

D9920

E1340

E1399

G0176

Alveoloplasty in conjunction with extractions, per quadrant

Repair or Non-Routine Service for DME (Children's Waiver)

Resin based comp-three surfaces, post

Surgical removal of erupted tooth

Behavior Management/dental, by report

Enhanced Medical Equipment-Supplies

Activity Therapy (Children's Waiver)

Crown, porc, fused to high

Peridontal, main

15 Minutes

Items

Encounter

0

0

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Lapeer Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		Licounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	···	Days	1	25	\$7,743	\$7,743	\$310	25
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	50	52	\$9,632	\$193	\$185	1
Treatment Planning	***************************************	H0032		Encounter	79	324	\$46,562	\$589	\$144	4
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	9	1,610	\$75,960	\$8,440	\$47	179
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	-	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	78	165	\$9,733	\$125	\$59	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	1	4	\$187	\$187	\$47	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	187	658,918	\$2,003,111	\$10,712	\$3	3,524
Community Living Supports (15 Minutes)		H2015		15 Minutes	35	56,964	\$346,341	\$9,895	\$6	1,628
Community Living Supports (Daily)		H2016		Per Diem	29	7,377	\$182,655	\$6,298	\$25	254
Community Living Supports (Daily)		H2016	TF	Per Diem	32	7,980	\$385,913	\$12,060	\$48	249
Community Living Supports (Daily)		H2016	TG	Per Diem	54	18,084	\$2,137,167	\$39,577	\$118	335
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	55	70,553	\$390,158	\$7,094	\$6	1,283
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	1	4,764	\$19,342	\$19,342	\$4	4,764
Medication Review		M0064		Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120		15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S 5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		\$8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123			0	0	\$0	\$0	\$0	0

Lapeer				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124			0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		\$9125	TD	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		\$9125	TE	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Reidential Room and Board		\$9976		Days	0	0	\$0	\$0	\$0	0
Health Services		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	15	15	\$2,566	\$171	\$171	1
Health Services		T1002		Up to 15 min	2	54	\$2,456	\$1,228	\$45	27
Health Services		T1003		Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services	-	T1005		15 minutes	55	43,648	\$116,977	\$2,127	\$3	794
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	303	5,410	\$476,405	\$1,572	\$88	18
Targeted Case Management		T1017		15 minutes	7	135	\$10,868	\$1,553	\$81	19
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	2	10	\$576	\$288	\$58	5
Personal Care in Licensed Specialized Residential Setting		T1020		Days	62	18,606	\$177,315	\$2,860	\$10	300
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	38	12,234	\$607,540	\$15,988	\$50	322
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	9	2,601	\$153,225	\$17,025	\$59	289
Assessments		T1023		Encounter	3	4	\$1,403	\$468	\$351	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011		Evaluation	1	2	\$209	\$209	\$105	2
Out of Home Prevocational Service		T2015		Hour	7	2,671	\$21,021	\$3,003	\$8	382
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	\$0	\$0	\$0	0
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	. \$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	23	532	\$136,878	\$5,951	\$257	23
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	11	56	\$4,692	\$427	\$84	5
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	1	1	\$8,595	\$8,595	\$8,595	l
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					321		\$7,516,957			

Lenawee			•							
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154	1101 03 0040	PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	2	726	\$207,105	\$103,553	\$285	363
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	2	16	\$11,456	\$5,728	\$716	8
Inpatient Hospital Ancillary Services - Room and Board	0144	*		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		_	# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	. 0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	1	19	\$3,040	\$3,040	\$160	19
Medication Administration		90782		Encounter	1	6	\$361	\$361	\$60	6
Medication Administration		90788		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801		Encounter	4	4	\$1,227	\$307	\$307	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	1	23	\$3,381	\$3,381	\$147	23
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

Lenawee				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	1	3	\$110	\$110	\$37	3
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	81	391	\$59,964	\$740	\$153	5
Additional Codes-ECT Physician		90870	··	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	27	100	\$12,310	\$456	\$123	4
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	-	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			. 0	0	\$0	\$0	\$0	0
Assessments-Testing		96100		Hour	2	8	\$2,413	\$1,207	\$302	4
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			7	20	\$3,020	\$431	\$151	3
Psychological Testing by Technician (Children's Waiver)		96102			0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		-	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115		Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	\$0	\$0	\$0	0
Assessments-Testing		96117		Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	\$0	\$0	\$0	0

Lenawee				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113 .		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	-	97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0

Lenawee				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		W-14 (W)	0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridontal, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0

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Lenawee Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	-	Encounter	60	135	\$45,679	\$761	\$338	2
Treatment Planning		H0032		Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034	-	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	1	2	\$477	\$477	\$239	2
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	159	466,958	\$1,358,848	\$8,546	\$3	2.937
Community Living Supports (15 Minutes)		H2015		15 Minutes	24	183,267	\$788,048	\$32,835	\$4	7,636
Community Living Supports (Daily)		H2016		Per Diem	14	4,794	\$112,515	\$8,037	\$23	342
Community Living Supports (Daily)		H2016	TF	Per Diem	16	5,253	\$349,114	\$21,820	\$66	328
Community Living Supports (Daily)		H2016	TG	Per Diem	39	13,746	\$2,162,321	\$55,444	\$157	352
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	6	6,655	\$39,464	\$6,577	\$6	1,109
Medication Review		M0064		Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		\$5116		Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120		15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care	***	S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0 \$0	0
Occupational or Physical Therapy	<u>-</u>	\$8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	
Private Duty Nursing Private Duty Nursing	0.702	\$9123		HOUL	0	0	\$0	\$0	\$0	0
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Lenawee				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124			0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	1	11	\$8,100	\$8,100	\$736	11
Respite Care in the Home (LPN) (Children's Waiver)		S9125	TE	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Reidential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Health Services		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	42	43	\$8,716	\$208	\$203	1
Health Services		T1002		Up to 15 min	111	2,426	\$322,658	\$2,907	\$133	22
Health Services		T1003		Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005		15 minutes	2	8,348	\$23,124	\$11,562	\$3	4,174
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	233	4,537	\$703,235	\$3,018	\$155	19
Targeted Case Management		T1017		15 minutes	1	45	\$5,985	\$5,985	\$133	45
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	23	7,948	\$199,733	\$8,684	\$25	346
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	16	5,201	\$329,587	\$20,599	\$63	325
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	30	10,622	\$1,577,579	\$52,586	\$149	354
Assessments		T1023		Encounter	2	3	\$677	\$339	\$226	2
Enhanced Medical Supplies or Pharmacy	***************************************	T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	. 0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	2	21	.\$7,898	\$3,949	\$376	11
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					911		\$8,348,145			

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Lifeways				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	27	398	\$114,594	\$4,244	\$288	15
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	. 0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90782		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801		Encounter	124	127	\$13,370	\$108	\$105	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	5	7	\$378	\$76	\$54	1
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	31	167	\$16,112	\$520	\$96	5
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

Lifeways				Unit						_
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	. 0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	. 0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0		\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	1	1	\$106	\$106	\$106	1
Therapy-Family Therapy		90849	-	Encounter	0	0	\$0	\$0	\$100	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	6	46	\$2,022	\$337	\$44	8
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	256	868	\$79,989	\$312	\$92	3
Additional Codes-ECT Physician	****	90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	\$0	\$0	\$0	0
Assessments-Testing		96100		Hour	0	0	\$0	\$0	\$0	
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102			0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	\$0	\$0	\$0	0
Assessments-Other		96105	-	Encounter	0	0	\$0	\$0	\$0	
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115		Hour	5	17	\$1,614	\$323	\$95	3
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	\$0	\$0	\$0	0
Assessments-Testing		96117		Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		1100	0	0	\$0	\$0	\$0	
Neuropsych test by Tech (Children's Waiver)		96119			0	0	\$0	\$0	\$0	0
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Lifeways				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	\$0	\$0	- \$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	24	25	\$4,084	\$170	\$163	1
Occupational Therapy		97004		Encounter	4	5	\$667	\$167	\$133	1
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	150	1,970	\$65,358	\$436	\$33	13
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	***************************************	97760		15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	9	36	\$1,196	\$133	\$33	4
Assessment or Health Services		97803	· · · · · · · · · · · · · · · · · · ·	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99211		Encounter	3	43	\$1,165	\$388	\$27	0
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99221		Discounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223			0	0	\$0			0
Additional Codes-Physician Services		99231			0	0		\$0	\$0	0
Additional Codes-Physician Services		99232					\$0	\$0	\$0	0
Additional Codes-Physician Services		99232			0	0	\$0	\$0	\$0	0
		99238		20 Minutes 1	0	0	\$0	\$0	\$0	0
Additional Codes Physician Services				30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0

Lifeways			· · · · · · · · · · · · · · · · · · ·						5	
Service Category	Revenue Code	HCPCS Code	Modifier	Unit	C	Y to lea	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services	Tevenue code	99244	Wodiner	Measure Encounter	Cases 0	Units 0	\$0			n
Additional Codes-Physician Services		99244			0	0		\$0	\$0	
Additional Codes-Physician Services		99243		Encounter Encounter	0	0	\$0 \$0	\$0	\$0	0
Additional Codes-Physician Services		99252						\$0	\$0	0
Additional Codes-Physician Services				Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253 99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services Additional Codes-Physician Services				Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255 99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services Additional Codes-Physician Services				Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		er one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	P	er one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	. 0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer	to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0_
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0_
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392	**		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridontal, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	1	1	\$875	\$875	\$875	1
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0

Stock of March 1980 March 2000 Stock of March 2000 Common Stock 2000	Lifeways				Unit						
Membrase	Service Category	Revenue Code	HCPCS Code	Modifier		Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Manuse M	Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Sea Description Sequent Services 1991 Dependency (1992) 3 29 1700 2010 200 <td>Medication administration</td> <td></td> <td>G0351</td> <td></td> <td></td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Medication administration		G0351			0	0	\$0	\$0	\$0	0
Permission funcional formation 1002	Assessment		H0002		Encounter	67	74	\$19,877	\$297	\$269	1
Power	Crisis Residential Services		H0018		Days	5	29	\$7,616	\$1,523	\$263	6
Personner Pers	Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Personant Paraling	Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Man	Assessment		H0031		Encounter	34	34	\$4,709	\$139	\$139	1
Form Book Serviser 1000	Treatment Planning		H0032		Encounter	4	18	\$834	\$208	\$46	5
Community Processing Support Services H000 Per discuss 50 50 50 50 10 Per Descreted and Operated Support Services NA 0 0 0 90 50 50 30 20 Commonity Livig Supports Independent lengtwort Independent lengtwo	Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Per-Discreat and Operated Supports Reviews	Home Based Services		H0036		15 Minutes	24	3,214	\$134,926	\$5,622	\$42	134
Perb Detected and Operated Support Serviews	Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Martin Community Transment (ACT) 1800	Peer Directed and Operated Support Services		H0038		15 minutes	9	1,681	\$3,471	\$386	\$2	187
Persistant Per	Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Regular Rigors	Assertive Community Treatment (ACT)		H0039		15 Minutes	7	1,552	\$43,239	\$6,177	\$28	222
Pubbon Management Review 1900 15 minutes 15 minutes 10 minutes 15 minut	Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Compensive Mediation Services - LBB growty 1330 15 minutes 0 0 50 50 60 7 Cliss Infractivation-Non-corolled Service 1201 15 Montes 17 25 35,03 340 31 4,14 Communal Jesines Supports (1 Minutes) 1201 Part Minutes 10 7,33 33,47 33,34 33 35 37 Communal Jesines Supports (1 Minutes) 1201 Per Diem 61 3,73 33,40 33,00 50 22 Communal Jesines Supports (1 Minutes) 1400 7F Per Diem 17 20,00 13,34 33,00 30 30 32 20 20 20 30	Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Griss Intervation-bow-modells Service H2011 15 Minute Modern 18 772 84,50 54,60 51 4.0 Skil-Building and Out Off Iome Non Vocational Habilation H2015 15 Minutes 39 45,23 50,078 31,40 31,40 31,40 31,40 31,40 31,50 32,70 200 220 200<	Behavior Management Review		H2000		Encounter	85	111	\$6,190	\$73	\$56	1
Self-Building and One of Home Non Vocational Habilation 12014 15 minutes 399 458,273 51,907,789 54,781 54 71,000 73,00	Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Community Lring Supports (15 Minutes) 150 Minutes 10 7,34 833,40° 83,40° 57 79 Community Lring Supports (Daily) 12016 Pre Diem 61 13,07° 833,40° 83,140° 57 79 Community Lring Supports (Daily) 12016 76 Per Diem 18 6,07° 81,010° 9,130° 9,130° 9,130° 9,20° 120 20 120 120 Per Diem 18 6,07° 81,030° 9,30° <	Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	18	772	\$8,638	\$480	\$11	43
Community Living Supports (Daily)	Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	399	458,273	\$1,907,789	\$4,781	\$4	1,149
Community Lving Supports (Duily) H2016 7F Per Diam 74 20,608 \$1,524,952 \$30,007 \$34 \$2,008 \$31,204 \$30,707 \$34,010,320 \$34,010 \$30,707 \$34,010,320 \$34,010 \$30,707 \$34,010,320 \$34,010 \$30,707 \$32,000 \$30,000	Community Living Supports (15 Minutes)		H2015		15 Minutes	10	7,334	\$33,407	\$3,341	\$5	733
Community Living Supports (Daily) H2016 TG Per Diem 118 36,797 \$4,013.99 \$34,016 \$109 \$15 Minutes \$66 \$1,738 \$15,010 \$620 \$340 \$260	Community Living Supports (Daily)		H2016		Per Diem	61	13,997	\$833,242	\$13,660	\$60	229
Behavior Services H2019 15 Minutes 66 1,738 \$41,509 \$620 \$32 \$24 26 Wraparound H2021 Days 0 0 50 50 50 50 60 50 50 50 60 50 50 50 50 60 50 50 50 50 60 50 50 50 50 60 50	Community Living Supports (Daily)		H2016	TF	Per Diem	74	20,608	\$1,524,952	\$20,607	\$74	278
Wraparound H2021 15 Minutes 0 0 50 50 30 40 Wraparound H2022 Days 0 0 50 50 50 60 Supported Employment Services H2023 15 minutes 7 952 3,70 556 43 13.0 Mental Health Therapy H2027 15 Minutes 0 0 59 50 50 50 50 50 50 40 50 50 50 40 50 50 50 50 50 60 50 50 50 50 60 50	Community Living Supports (Daily)		H2016	TG	Per Diem	118	36,797	\$4,013,929	\$34,016	\$109	312
Marparound H2022 Days 0 0 50 50 50 50 50 50	Behavior Services		H2019		15 Minutes	66	1,738	\$41,503	\$629	\$24	. 26
Page	Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Mental Health Therapy H2027 15 Minutes 0 0 50 50 50 50 50 50 50 10 10 10 10 15 Minutes 13 18,16 \$59,70 \$4,575 \$3 1,401 Medication Review M0064 Encounter Face-to-Face 59 117 \$1580 \$20 \$0	Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Clubtouse Psychosocial Rehabilitation Programs H2030 15 Minutes 13 18,216 \$59,470 \$4,575 \$3 1,401 Medication Review M004 Encounter Race-to-Face 59 117 \$11,811 \$201 \$102 22 Transportation S0209 Per Mile 0 0 0 50 50 50 0 Transportation S0215 Per Mile 0 0 0 50 50 50 0 Family Training S110 15 Minutes 0 0 50 50 50 50 Family Training S111 Encounter 2 13 \$1,255 \$1,277 \$75 77 Chore Services S116 Encounter 2 13 \$1,255 \$1,277 \$75 77 Chore Services S116 Encounter 2 13 \$1,255 \$1,277 \$75 \$77 Chore Services S116 Encounter 2 13 \$1,255 \$1,277 \$75 \$77 Chore Services S116 Encounter 2 13 \$1,255 \$1,277 \$75 \$77 Chore Services S116 Encounter 2 13 \$1,255 \$1,277 \$75 \$77 Chore Services S116 Encounter 2 13 \$1,255 \$1,277 \$75 \$77 Chore Services S116 Encounter 2 13 \$1,255 \$1,277 \$75 \$77 Chore Services S116 Encounter 2 13 \$1,255 \$1,277 \$10	Supported Employment Services		H2023		15 minutes	7	932	\$3,970	\$567	\$4	133
Medication Review M0064 Encounter Face-to-Face 59 117 \$11,81 \$201 \$102 2 Transportation \$0209 Per Mile 0 0 \$0 <td< td=""><td>Mental Health Therapy</td><td></td><td>H2027</td><td></td><td>15 Minutes</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></td<>	Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Per Mile	Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	13	18,216	\$59,470	\$4,575	\$3	1,401
Per Mile	Medication Review		M0064		Encounter Face-to-Face	59	117	\$11,881	\$201	\$102	2
Family Training S5110 15 Minutes 0 0 \$	Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Pamily Training	Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)	Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Chore Services S5120 15 Minutes 0 0 50 50 50 0 Foster Care S5140 Days 0 0 50 50 50 0 Foster Care S5145 Days 0 0 50 \$0 \$0 0 Respite S5150 15 Minutes 6 3,705 \$24,896 \$4,149 \$7 618 Respite S5151 Per Diem 0 0 \$0 <td>Family Training</td> <td></td> <td>S5111</td> <td></td> <td>Encounter</td> <td>2</td> <td>34</td> <td>\$2,555</td> <td>\$1,277</td> <td>\$75</td> <td>17</td>	Family Training		S5111		Encounter	2	34	\$2,555	\$1,277	\$75	17
Foster Care S5140 Days 0 0 \$0	Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	2	13	\$1,256	\$628	\$97	7
Foster Care S5145 Days 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1	Chore Services		S5120		15 Minutes	0	0	\$0	\$0	\$0	0
Respite 55150 15 Minutes 6 3,705 \$24,896 \$4,149 \$7 618 Respite 55151 Per Diem 0 0 \$0 </td <td>Foster Care</td> <td></td> <td>S5140</td> <td></td> <td>Days</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Respite S5151 Per Diem 0 0 \$0	Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS) S5160 Encounter 0 0 \$0	Respite		S5150		15 Minutes	6	3,705	\$24,896	\$4,149	\$7	618
Personal Emergency Response System (PERS) S5161 Month 0 0 \$0	Respite		\$5151		Per Diem	0	0	\$0	\$0	\$0	0
Environmental Modification S5165 Service 0 0 \$0	Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies S5199 Items 0 0 \$0 <td>Personal Emergency Response System (PERS)</td> <td></td> <td>\$5161</td> <td></td> <td>Month</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Personal Emergency Response System (PERS)		\$5161		Month	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy S8990 Encounter 0 0 \$0 <td>Environmental Modification</td> <td></td> <td>S5165</td> <td></td> <td>Service</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Private Duty Nursing 0582 S9123 Hour 0 0 \$0	Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
	Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing S9123 0 0 \$0 \$0 \$0 \$0 0	Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
	Private Duty Nursing		S9123			0	0	\$0	\$0	\$0	0

Lifeways				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124			0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	TE	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	146	1,236	\$82,063	\$562	\$66	8
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	21	29	\$5,882	\$280	\$203	1
Reidential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Health Services		T1000		Up to 15 min	3	12,988	\$369,119	\$123,040	\$28	4,329
Assessment		T1001		Encounter	10	10	\$1,915	\$192	\$192	1
Health Services		T1002		Up to 15 min	148	5,434	\$180,296	\$1,218	\$33	37
Health Services		T1003		Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005		15 minutes	94	39,849	\$253,119	\$2,693	\$6	424
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	328	20,522	\$529,172	\$1,613	\$26	63
Targeted Case Management		T1017		15 minutes	257	15,943	\$383,674	\$1,493	\$24	62
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	52	17,295	\$826,217	\$15,889	\$48	333
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	40	12,365	\$816,281	\$20,407	\$66	309
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	71	24,794	\$2,211,337	\$31,146	\$89	349
Assessments		T1023		Encounter	27	28	\$4,066	\$151	\$145	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	180	2,786	\$13,377	\$74	\$5	15
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Hour	42	4,856	\$41,946	\$999	\$9	116
Targeted Case Management (Children's Waiver)		T2023		Month	3	18	\$3,685	\$1,228	\$205	6
Fiscal Intermediary Services		T2025		Month	31	223	\$28,465	\$918	\$128	7
Enhanced Medical Equipment-Supplies	·	T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			402	0	\$64,358	\$160	\$0	0
Total Population and Cost					570		\$14,804,850			

				•						
Livingston Service Category	Revenue Code	HCPCS Code	Modifier	Unit	Cases	TIia.	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154	Her eb ebae	PT22	Measure Days	Cases 0	Units 0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	2	709	\$209,729	\$104,865	\$296	355
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	1	16	\$10,773	\$10,773	\$673	16
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	Ò	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307	_		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	0	0 -	\$0	\$0	\$0	0
Medication Administration		90782		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801		Encounter	14	14	\$3,794	\$271	\$271	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	3	5	\$425	\$142	\$85	2
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	7	67	\$10,930	\$1,561	\$163	10
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

Livingston										
Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	****	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	. 0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	3	22	\$3,267	\$1,089	\$149	7
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy	,	90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	78	310	\$41,763	\$535	\$135	4
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	13	19	\$4,628	\$356	\$244	1
Speech & Language Therapy		92507		Encounter	15	145	\$34,190	\$2,279	\$236	10
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	\$0	\$0	\$0	0
Assessments-Testing		96100		Hour	9	14	\$7,737	\$860	\$553	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			16	25	\$14,753	\$922	\$590	2
Psychological Testing by Technician (Children's Waiver)		96102			0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	3	6	\$4,990	\$1,663	\$832	2
Assessments-Testing		96115		Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		·	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117		Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	\$0	\$0	\$0	0

Livingston		•						Ö
Service Category	Revenue Code HCPCS Code Mod	Unit lifier Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)	96120	inc. Weasure	0	0	\$0	\$0	\$0	0
Physical Therapy	97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy	97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy	97003	Encounter	22	27	\$5,919	\$269	\$219	1
Occupational Therapy	97004	Encounter	36	66	\$11,420	\$317	\$173	2
Occupational or Physical Therapy	97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97124	15 Minutes	2	192	\$3,949	\$1,975	\$21	96
Occupational or Physical Therapy	97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy	97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97530	15 Minutes	8	135	\$3,883	\$485	\$29	17
Occupational or Physical Therapy	97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97533	15 Minutes	8	98	\$2,819	\$352	\$29	12
Occupational or Physical Therapy	97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97542	15 Minutes	1	5	\$144	\$144	\$29	5
Occupational Therapy	97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	97755	15 Minutes	4	24	\$690	\$173	\$29	6
Occupational Therapy	97760	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)	97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)	97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services	97802	15 Minutes	7	80	\$891	\$127	\$11	11
Assessment or Health Services	97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services	97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99243	Encounter	0	0	\$0	\$0	\$0	0

Livingston				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D 1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridontal, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	2	4	\$1,256	\$628	\$314	2
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0

Livingston				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351			0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	118	118	\$58,945	\$500	\$500	1
Treatment Planning		H0032		Encounter	8	13	\$2,266	\$283	\$174	2
Health Services		H0034		15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036		15 Minutes	1	117	\$6,849	\$6,849	\$59	117
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000		Encounter	21	55	\$1,146	\$55	\$21	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	3	9	\$687	\$229	\$76	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	100	206,743	\$802,163	\$8,022	\$4	2,067
Community Living Supports (15 Minutes)		H2015		15 Minutes	88	875,967	\$2,925,730	\$33,247	\$3	9,954
Community Living Supports (Daily)		H2016		Per Diem	8	2,517	\$341,607	\$42,701	\$136	315
Community Living Supports (Daily)		H2016	TF	Per Diem	23	6,828	\$416,508	\$18,109	\$61	297
Community Living Supports (Daily)		H2016	TG	Per Diem	22	5,335	\$934,532	\$42,479	\$175	243
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	37	31,964	\$96,851	\$2,618	\$3	864
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	2	3,548	\$23,878	\$11,939	\$7	1,774
Medication Review		M0064		Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	4	5	\$3,682	\$920	\$736	1
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	4	9	\$7,104	\$1,776	\$789	2
Chore Services		S5120		15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	130	123,949	\$261,532	\$2,012	\$2	953
Respite		S5151		Per Diem	2	26	\$11,657	\$5,829	\$448	13
Personal Emergency Response System (PERS)		\$5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123			0	0	\$0	\$0	\$0	0

Michigan Department of Community Health 05/31/2007 Page 2c4-119

Livingston				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124			0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	TE	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Reidential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Health Services		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	31	35	\$31,342	\$1,011	\$895	1
Health Services		T1002		Up to 15 min	48	1,197	\$125,936	\$2,624	\$105	25
Health Services		T1003		Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005		15 minutes	16	8,564	\$98,743	\$6,171	\$12	535
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	306	5,971	\$671,558	\$2,195	\$112	20
Targeted Case Management		T1017		15 minutes	4	79	\$7,793	\$1,948	\$99	20
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	2	39	\$3,847	\$1,924	\$99	20
Personal Care in Licensed Specialized Residential Setting		T1020		Days	6	1,391	\$37,738	\$6,290	\$27	232
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	14	4,415	\$258,719	\$18,480	\$59	315
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	27	8,497	\$540,664	\$20,025	\$64	315
Assessments		T1023		Encounter	1	1	\$158	\$158	\$158	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	7	9	\$457	\$65	\$51	1
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			. 0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Hour	25	15,557	\$140,169	\$5,607	\$9	622
Targeted Case Management (Children's Waiver)		T2023		Month	9	84	\$59,476	\$6,608	\$708	9
Fiscal Intermediary Services		T2025		Month	5	23	\$8,273	\$1,655	\$360	5
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	2	2	\$2,919	\$1,460	\$1,460	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	1	2	\$5,890	\$5,890	\$2,945	2
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
						-				

Profession Pro	Macomb				YI-ia						
Second Properties 1997 1	Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Part	State Psychiatric Hospital - Inpatient PT22			PT22	Days	0	0	\$0	\$0	\$0	0
1920 1920	State Mental Retardation Facility - Inpatient (ICF/MR) PT65			PT65	Days	4	1,162	\$308,576	\$77,144	\$266	291
Part	Local Psychiatric Hospital/IMD PT68			PT68	Days	0	0	\$0	\$0	\$0	0
Spatiant Hospial Andenilly Services - Parent Hospial Andenilly Services - Laboratory 1997 1998	Local Psychiatric Hospital - Acute Community PT73			PT73	Days	0	0	\$0	\$0	\$0	0
Inspired Hospiral According Services Pharmancy 1974-1977 1974-1978 197	Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Process Proc	Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Part	Inpatient Hospital Ancillary Services - Pharmacy					0	0	\$0	\$0	\$0	0
Paper Pape		0270-0272			# of items	0	0	\$0	\$0	\$0	0
RECT Ameribles	Inpatient Hospital Ancillary Services - Laboratory				# of tests	0	0	\$0	\$0	\$0	0
Speaker Hospital Ancellary Services - Registratory Services 0.01	Inpatient Hospital Ancillary Services - Radiology	0320		***	# of tests	0	0	\$0	\$0	\$0	0
Ingustient Hospital Ancellary Services - Occapational Therary 0420-0424 8 of treatments 0 0 50 50 50 50 50 50	ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inganiter Indopial Ancellary Services - Occupational Therapy	Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Ingatient Hospital Ancellary Services - Speeck-Language Pathology	Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Papirate Hospital Ancillary Services - Pulmonary Fuertion	Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Implaited Hospital Ancelliary Services - Audiology	Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Impatient Hospital Ancellary Services - Adaptect Reconance Technology 010-061	Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Paper Pape	Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Mary	Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room		0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG 0730-0731 # of fests 0 0 50 50 50 0 Inpatient Hospital Ancillary Services - EEG 0740 # of fests 0 0 50 50 50 50 0 Additional Codes-ECT Facility Charge 0901 Encounter 0 0 50 50 50 50 0 10 10 50 50 50 50 0 0 50 50 50 50 0 0 0 50 50 50 50 0 0 50	Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
Paper Pape	ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Extended Observation Beds	Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0		\$0	0
Additional Codes-ECT Facility Charge 0901 Encounter 0 0 0 80 80 80 80 80 80 10 Inpatient Hospital Ancillary Services - Psychiatric/Psychological 0900, 0902,0904, 80 80 80 80 80 80 80 80 80 80 80 80 80	Extended Observation Beds	0762			Hour	0	0	\$0			0
Impatient Hospital Ancillary Services - Psychiatric/Psychological 9900, 0902-0904, 0911, 0914-0919 # of visits 0 0 0 80 80 80 80 80	Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0			0
Outpatient Partial Hospitalization 0913 Days 0 0 50 50 0 Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925 # of tests 0 0 50 50 50 0 Inpatient Hospital Ancillary Services - Other Therapeutic Services 0940-0942 # of visits 0 0 50 50 50 0 Additional Codes-ECT Anesthesia 00104 Minutes 0 0 50 50 50 0 Medication Administration 90772 Encounter 8 24 \$2,914 \$364 \$121 3 Medication Administration 90782 Encounter 5 11 \$1,331 \$266 \$121 2 Medication Administration 90788 Encounter 7 76 \$319,316 \$445 \$417 1 Assessment-Psychiatric Assessment 90801 Encounter 717 766 \$319,316 \$445 \$417 1 Assessment-Psychiatric Assessment 90802					# of visits	0	0	\$0	\$0	\$0	0
Page	Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Page	Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia 00104 Minutes 0 0 \$0	Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Medication Administration 90772 Encounter 8 24 \$2,914 \$364 \$121 3 Medication Administration 90782 Encounter 5 11 \$1,331 \$266 \$121 2 Medication Administration 90788 Encounter 0 0 \$0	Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Medication Administration 99782 Encounter 5 11 \$1,331 \$266 \$121 2 Medication Administration 99788 Encounter 0 0 \$0	Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration 90788 Encounter 0 0 \$0	Medication Administration		90772		Encounter	8	24	\$2,914	\$364	\$121	3
Medication Administration 90788 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1	Medication Administration		90782		Encounter	5	11	\$1,331	\$266	\$121	2
Assessment-Psychiatric Assessment 9801 Encounter 717 766 \$319,316 \$445 \$417 1 Assessment-Psychiatric Assessment 9802 Encounter 0 0 \$0	Medication Administration		90788		Encounter	0					0
Assessment-Psychiatric Assessment 9882 Encounter 0 0 \$0 <td>Assessment-Psychiatric Assessment</td> <td></td> <td>90801</td> <td></td> <td>Encounter</td> <td>717</td> <td>766</td> <td>\$319,316</td> <td>\$445</td> <td>\$417</td> <td>1</td>	Assessment-Psychiatric Assessment		90801		Encounter	717	766	\$319,316	\$445	\$417	1
Therapy-Individual Therapy 9804 Encounter 20-30 Min 10 17 \$1,278 \$128 \$75 2 Therapy-Individual Therapy 9805 Encounter 20-30 Min 0 0 \$0	Assessment-Psychiatric Assessment		90802		Encounter	0	0		\$0		0
Therapy-Individual Therapy 9805 Encounter 20-30 Min 0 0 \$0	Therapy-Individual Therapy		90804		Encounter 20-30 Min	10	17	\$1,278			2
Therapy-Individual Therapy 90806 Encounter 45-50 Min 47 222 \$19,809 \$421 \$89 5 Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$0	Therapy-Individual Therapy	*****	90805		Encounter 20-30 Min	0					0
Therapy-Individual Therapy 99807 Encounter 45-50 Min 0 0 \$0 \$0 \$0 \$0 0			90806								5
			90807		Encounter 45-50 Min						0
	Therapy-Individual Therapy		90808		Encounter 75-80 Min	27	134	\$17,682			

CMHSP Cost Data by Service Category		Person	s with Deve	elopmental Disabilities		Fiscal	Year 2005-2006		State of	f Michigan
Macomb				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	1000	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	_ \$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	1	38	\$2,626	\$2,626	\$69	38
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	
Therapy-Group Therapy		90853		Encounter	16	263	\$18,838	\$1,177	\$72	16
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	577	2,248	\$202,536	\$351	\$90	4
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	63	77	\$7,977	\$127	\$104	1
Speech & Language Therapy		92507		Encounter	67	2,122	\$104,383	\$1,558	\$49	32
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	6	6	\$949	\$158	\$158	. 1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	\$0	. \$0	\$0	0
Assessments-Testing		96100		Hour	12	36	\$3,611	\$301	\$100	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			47	100	\$15,881	\$338	\$159	2
Psychological Testing by Technician (Children's Waiver)		96102			0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)	*****	96103		***************************************	0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	
Assessments-Testing		96115		Hour	70	231	\$21,399	\$306	\$93	3
Neurobehavioral Status Exam (Children's Waiver)		96116			266	861	\$79,759	\$300	\$93	3
Assessments-Testing		96117		Hour	0	0	\$0	\$0	\$0	
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	\$0	\$0	\$0	0
										-

Neuropsych test by Tech (Children's Waiver)

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Citizen Cost Data by Stiffee Category		OISOIIS WIL	ii Bevelopinentai Bisacinties		1 13	cai 1 cai 2005-20	00	State of	i wiicingan
Macomb Service Category	Revenue Code HCPCS	Todo M	Unit odifier Measure	0	** 1	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)			odifier Measure	Cases	Units				
Physical Therapy	961: 970		Encounter	30	30	\$0 \$2,478	\$0 \$83	\$0 \$83	
Physical Therapy	970			5	5				1
Occupational Therapy	970		Encounter			\$119	\$24	\$24	1
Occupational Therapy	970		Encounter	307	453	\$162,776	\$530	\$359	1
Occupational or Physical Therapy	970		Encounter 15 Minutes	16 27	18	\$521	\$33	\$29	1
Occupational of Physical Therapy	971			0	2,599	\$47,055	\$1,743	\$18	96
			15 Minutes		0	\$0	\$0	\$0	0
Occupational or Physical Therapy	971		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	971		15 Minutes	22	55	\$5,446	\$248	\$99	3
Occupational or Physical Therapy	971:		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	971-		15 Minutes	2	10	\$990	\$495	\$99	5
Occupational or Physical Therapy	971:		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy	9750		15 Minutes	2	3	\$297	\$149	\$99	2
Occupational or Physical Therapy	975.		15 Minutes	101	9,350	\$195,208	\$1,933	\$21	93
Occupational or Physical Therapy	975:		15 Minutes	2	26	\$378	\$189	\$15	13
Occupational or Physical Therapy	975.		15 Minutes	12	470	\$9,363	\$780	\$20	39
Occupational or Physical Therapy	975	5	15 Minutes	52	189	\$16,574	\$319	\$88	4
Occupational or Physical Therapy	975	7	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	975-	2	15 Minutes	89	788	\$78,025	\$877	\$99	9
Occupational Therapy	977	3	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	977	0	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	977.	5	15 Minutes	35	335	\$36,883	\$1,054	\$110	10
Occupational Therapy	977	0	15 Minutes	14	100	\$8,901	\$636	\$89	7
Prosthetic Training (Children's Waiver)	977	1	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)	977	2		0	0	\$0	\$0	\$0	0
Assessment or Health Services	978	2	15 Minutes	71	328	\$37,779	\$532	\$115	5
Assessment or Health Services	978	3	15 Minutes	306	1,264	\$118,908	\$389	\$94	4
Health Services	978	4	30 Minutes	3	7	\$628	\$209	\$90	2
Additional Codes-Physician Services	992	l	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	992	2	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	992	3	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	992	4	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	992		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	992	1	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	992		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	992		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	992		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	992		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	992:			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	992			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	992			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	992				0	\$0	\$0	\$0	0
Additional Codes-Physician Services	992			0	0	\$0	\$0		
								\$0	0
Additional Codes-Physician Services	992		2016 : 1	0	0	\$0	\$0	\$0	. 0
Additional Codes-Physician Services	992		30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	992		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	992-		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	992	3	Encounter	0	0	\$0	\$0	\$0	0

Macomb				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	1	292	\$141	\$141	\$0	292
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	13	71	\$3,335	\$257	\$47	5
Transportation		A0120			573	99,922	\$1,034,115	\$1,805	\$10	174
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			6	11	\$26,635	\$4,439	\$2,421	2
Comp periodontal evaluation		D0180		Encounter	2	3	\$7,766	\$3,883	\$2,589	
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridontal, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	2	6	\$1,490	\$745	\$248	3
Activity Therapy (Children's Waiver)		G0176		Encounter	37	1,038	\$1,490	\$1,946	\$248	28
- Learning amounts from the state of		00170		Liteountei	J !	1,030	Φ/1,771	\$1,940	3 09	28

Macomb				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351			0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	924	999	\$451,862	\$489	\$452	1
Treatment Planning		H0032		Encounter	998	3,263	\$954,666	\$957	\$293	3
Health Services		H0034		15 Minutes	6	7	\$474	\$79	\$68	1
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		I 5 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	86	16,445	\$2,271,635	\$26,414	\$138	191
Respite		H0045		Per Diem	187	3,335	\$731,073	\$3,909	\$219	18
Behavior Management Review		H2000		Encounter	254	271	\$27,810	\$109	\$103	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	25	192	\$21,305	\$852	\$111	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	1,082	3,366,421	\$10,889,195	\$10,064	\$3	3,111
Community Living Supports (15 Minutes)		H2015		15 Minutes	932	4,387,319	\$16,243,350	\$17,428	\$4	4,707
Community Living Supports (Daily)		H2016		Per Diem	266	88,804	\$2,406,809	\$9,048	\$27	334
Community Living Supports (Daily)		H2016	TF	Per Diem	173	44,540	\$2,643,723	\$15,282	\$59	257
Community Living Supports (Daily)		H2016	TG	Per Diem	169	55,467	\$5,276,120	\$31,220	\$95	328
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	358	346,968	\$1,563,573	\$4,368	\$5	969
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	204	1,319	\$125,733	\$616	\$95	6
Home Care Training, Non-Family (Children's Waiver)	=-	S5116		Encounter	79	884	\$114,642	\$1,451	\$130	11
Chore Services		S5120		15 Minutes	3	300	\$1,884	\$628	\$6	100
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	22	36,108	\$73,624	\$3,347	\$2	1,641
Respite		S5151		Per Diem	104	2,519	\$296,681	\$2,853	\$118	24
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	1	5	\$230	\$230	\$46	5
Environmental Modification		S5165		Service	41	50	\$146,439	\$3,572	\$2,929	1
Enhanced Medical Equipment-Supplies		S5199		Items	154	222	\$77,178	\$501	\$348	1
Occupational or Physical Therapy		S8990		Encounter	57	3,312	\$215,942	\$3,788	\$65	58
Private Duty Nursing	0582	S9123	*****	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9123			0	0	\$0	\$0	\$0	0

Macomb				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	\$9124		Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing		S9124			0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	2	13	\$6,294	\$3,147	\$484	7
Respite Care in the Home (LPN) (Children's Waiver)		S9125	TE	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	2	3	\$292	\$146	\$97	2
Health Services		S9470		Encounter	35	42	\$3,808	\$109	\$91	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	\$0	\$0	\$0	0
Reidential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Health Services		T1000		Up to 15 min	1	458	\$4,012	\$4,012	\$9	458
Assessment		T1001		Encounter	579	637	\$168,199	\$290	\$264	1
Health Services		T1002		Up to 15 min	599	5,464	\$870,815	\$1,454	\$159	9
Health Services		T1003		Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005		15 minutes	711	1,923,581	\$7,211,458	\$10,143	\$4	2,705
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	2,189	69,051	\$5,940,740	\$2,714	\$86	32
Targeted Case Management		T1017		15 minutes	48	1,172	\$178,040	\$3,709	\$152	24
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	175	56,258	\$1,698,364	\$9,705	\$30	321
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	181	48,538	\$3,060,744	\$16,910	\$63	268
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	252	91,255	\$8,161,074	\$32,385	\$89	362
Assessments		T1023		Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	142	4,403	\$126,476	\$891	\$29	31
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	1	153	\$1,887	\$1,887	\$12	153
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011		Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015		Hour	285	147,590	\$1,019,937	\$3,579	\$7	518
Targeted Case Management (Children's Waiver)		T2023		Month	85	920	\$683,000	\$8,035	\$742	11
Fiscal Intermediary Services		T2025		Month	14	95	\$8,289	\$592	\$87	7
Enhanced Medical Equipment-Supplies		T2028		Items	58	85	\$56,662	\$977	\$667	1
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	79	617	\$144,002	\$1,823	\$233	8
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					2,415		\$76,874,708			

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Manistee-Benzie Service Category	Revenue Code	HCPCS Code	Modifier	Unit			0 .	Cost/Case	Cost/Unit	II-:t/C
		HCPCS Code		Measure	Cases	Units	Cost			Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	3	816	\$246,409	\$82,136	\$302	272
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		-	# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		_	# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762			Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	1	4	\$292	\$292	\$73	4
Medication Administration		90782		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801		Encounter	12	12	\$4,865	\$405	\$405	1
Assessment-Psychiatric Assessment		90802		Encounter	1	1	\$929	\$929	\$929	1
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	18	71	\$21,375	\$1,188	\$301	4
Therapy-Individual Therapy		90806		Encounter 45-50 Min	5	7	\$869	\$174	\$124	1
Therapy-Individual Therapy		90807		Encounter 45-50 Min	2	4	\$2,003	\$1,002	\$501	2
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

Manistee-Benzie Service Category Reven Therapy-Individual Therapy Therapy-Family Therapy Therapy-Family Therapy	nue Code 90809 90809 90810 90810 90811 90812 90813 90814 90815 90816 90817 90818 90819 90821 90822 90823 90824 90826 90827 90828 90829	Modifier	Cases 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Units 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Cost \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	Cost/Case \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Cost/Unit \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Unit/Case 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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Therapy-Individual Therapy Therapy-Family Therapy	90821 90822 90823 90824 90826 90827 90828 90829 90846	Encounter 75-80 Min Encounter 75-80 Min Encounter 20-30 Min Encounter 20-30 Min Encounter 45-50 Min Encounter 45-50 Min Encounter 45-50 Min Encounter 75-80 Min Encounter 75-80 Min Encounter 75-80 Min	0 0 0 0 0 0	0 0 0 0 0	\$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0	0 0 0 0
Therapy-Individual Therapy Therapy-Family Therapy	90822 90823 90824 90826 90827 90828 90829 90846	Encounter 75-80 Min Encounter 20-30 Min Encounter 20-30 Min Encounter 45-50 Min Encounter 45-50 Min Encounter 75-80 Min Encounter 75-80 Min Encounter 75-80 Min Encounter	0 0 0 0 0	0 0 0 0 0	\$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0	0 0 0
Therapy-Individual Therapy Therapy-Family Therapy	90823 90824 90826 90827 90828 90829 90846	Encounter 20-30 Min Encounter 20-30 Min Encounter 45-50 Min Encounter 45-50 Min Encounter 75-80 Min Encounter 75-80 Min Encounter	0 0 0 0	0 0 0 0	\$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0	0 0 0
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Therapy-Individual Therapy Therapy-Individual Therapy Therapy-Family Therapy	90828 90829 90846	Encounter 75-80 Min Encounter 75-80 Min Encounter	0	0				
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Therapy-Family Therapy		Encounter		U	\$0	\$0	\$0	0
			1	1	\$264	\$264	\$264	1
	90847	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy	90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy	90849	HS Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy	90853	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy	90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review	90862	Encounter	50	230	\$46,119	\$922	\$201	5
Additional Codes-ECT Physician	90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other	90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy	92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy	92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy	92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy	92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy	92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)	92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)	92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)	92633		0	0	\$0	\$0	\$0	0
Assessments-Testing	96100	Hour	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)	96101		6	34	\$2,694	\$449	\$79	6
Psychological Testing by Technician (Children's Waiver)	96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)	96103		0	0	\$0	\$0	\$0	0
Assessments-Other	96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other	96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other	96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing	96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)	96116		0	0	\$0	\$0	\$0	0
Assessments-Testing	96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)	96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)	96119		0	0	\$0	\$0	\$0	0

Manistee-Benzie				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	\$0	\$0	\$0	0
Physical Therapy		97001		Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004		Encounter	24	256	\$8,946	\$373	\$35	11
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	. 0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99221		Dicodition	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231			0	0	\$0	\$0 \$0	\$0 \$0	0
Additional Codes-Physician Services		99232			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232			0	0	\$0	\$0 \$0	\$0 \$0	0
		99233		30 Minutes or less	0	0	\$0	\$0 \$0		
Additional Codes-Physician Services		99238		Encounter	0	0			\$0	0
Additional Codes-Physician Services							\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0

Michigan Department of Community Health 05/31/2007 Page 2c4-129

Manistee-Benzie				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	. \$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	. 0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140	-,		0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridontal, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0

Mariata Barria										
Manistee-Benzie Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		Encounter	0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	6	6	\$1,232	\$205	\$205	1
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment	.,	H0031		Encounter	33	190	\$15,809	\$479	\$83	6
Treatment Planning		H0032		Encounter	70	89	\$11,486	\$164	\$129	1
Health Services		H0034		15 Minutes	1	2	\$108	\$108	\$54	2
Home Based Services		H0036		15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA.		15 innates	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)	-	H0039	-	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home	******	H0043		Per diem	41	4,870	\$624,877	\$15,241	\$128	119
Respite		H0045		Per Diem	0	0	\$0	\$15,241	\$128	0
Behavior Management Review		H2000		Encounter	25	66	\$2,664	\$107	\$40	3
Comprehensive Medication Services - EBP only	, , , , , , , , , , , , , , , , , , , ,	H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	5	14	\$1,936	\$387	\$138	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	99	49,230	\$552,968	\$5,586	\$138	497
Community Living Supports (15 Minutes)		H2015		15 Minutes	123	758,743	\$1,673,965	\$13,609	\$2	6,169
Community Living Supports (15 Minutes)		H2016		Per Diem	3	1,095	\$7,003	\$2,334	\$6	365
Community Living Supports (Daily)		H2016	TF	Per Diem	1	365	\$13,494	\$13,494	\$37	365
Community Living Supports (Daily)		H2016	TG	Per Diem	30	9,780	\$1,085,005	\$36,167	\$111	326
Behavior Services		H2019	70	15 Minutes	0	0	\$0	\$0	\$111	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	
Wraparound		H2022		Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023		15 minutes	69	24,357	\$474,520	\$6,877	\$19	353
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064		Encounter Face-to-Face	3	3	\$161	\$54	\$54	1
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		80215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training	·	S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120		15 Minutes	0		\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151		Per Diem	1	20	\$349	\$349	\$17	20
Personal Emergency Response System (PERS)		S5160		Encounter	3	4	\$4,205	\$1,402	\$1,051	1
Personal Emergency Response System (PERS)		S5160		Month	3	36	\$11,802	\$3,934	\$328	12
Environmental Modification		S5165		Service	0	0	\$0	\$3,934	\$328	0
Enhanced Medical Equipment-Supplies		S5199		Items	24	66	\$6,843	\$285	\$104	
Occupational or Physical Therapy		S8990		Encounter	0	0	\$0,643	\$283	\$104	- 3 0
Private Duty Nursing	0582	S9123		Hour	0	0	\$0	\$0	\$0	
Private Duty Nursing Private Duty Nursing	0362	S9123		11001	0	0	\$0	\$0	\$0 \$0	0
Fivate Duty Ivalshig		37143			U	U	ΦU	⊅0	\$0	0

Manistee-Benzie				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Private Duty Nursing	0582	S9124		Hour	0	0	. \$0	\$0	\$0	0
Private Duty Nursing		S9124			0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	TE	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446		Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470		Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	3	9	\$4,255	\$1,418	\$473	3
Reidential Room and Board		S9976		Days	0	0	\$0	\$0	\$0	0
Health Services		T1000		Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001		Encounter	1	9	\$374	\$374	\$42	9
Health Services		T1002		Up to 15 min	20	60	\$51,625	\$2,581	\$860	3
Health Services		T1003		Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005		15 minutes	40	36,494	\$70,987	\$1,775	\$2	912
Family Psycho-Education		T1015		Encounter	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	91	4,992	\$303,005	\$3,330	\$61	55
Targeted Case Management		T1017	-	15 minutes	110	5,790	\$301,995	\$2,745	\$52	53
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	4	1,158	\$22,848	\$5,712	\$20	290
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	30	11,082	\$461,767	\$15,392	\$42	369
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023		Encounter	1	3	\$3,538	\$3,538	\$1,179	3
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	\$0	\$0	\$0	0
Transportation		T2001			0	0	\$0	\$0	\$0	0
Transportation		T2002		Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003		Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004			0	0	\$0	\$0	\$0	0
Transportation		T2005			0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011		Evaluation	11	43	\$10,091	\$917	\$235	4
Out of Home Prevocational Service		T2015		Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	2	26	\$976	\$488	\$38	13
Fiscal Intermediary Services		T2025		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038		Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	\$0	\$0	\$0	0
Other					0	0	\$0	\$0	\$0	0
Aggregate for 'J' Codes		ALL			0	0	\$0	\$0	\$0	0
Total Population and Cost					213		\$6,054,653			

Monroe				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	8	47	\$28,361	\$3,545	\$603	6
Inpatient Hospital Ancillary Services - Room and Board	0144			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183			Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272			# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320			# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444			# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636			# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710				0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740			# of tests	0	. 0	\$0	\$0	\$0	0
Extended Observation Beds	0762			Ноиг	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919			# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912			Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		*	Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925			# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942			# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90772		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90782		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801		Encounter	59	67	\$13,967	\$237	\$208	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	4	4	\$102	\$25	\$25	1
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	****	90806		Encounter 45-50 Min	16	62	\$3,395	\$212	\$55	4
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
13										

Monroe				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	. 0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	***	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847		Encounter	2	6	\$458	\$229	\$76	3
Therapy-Family Therapy		90849		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853		Encounter	8	42	\$1,068	\$134	\$25	5
Therapy-Group Therapy		90857		Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862		Encounter	154	822	\$145,601	\$945	\$177	5
Additional Codes-ECT Physician		90870		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506		Encounter	19	132	\$56,142	\$2,955	\$425	7
Speech & Language Therapy		92507		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526		Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610		Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626		First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627		Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633			0	0	\$0	\$0	\$0	0
Assessments-Testing		96100		Hour	5	7	\$5,589	\$1,118	\$798	1
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101			12	20	\$15,967	\$1,331	\$798	2
Psychological Testing by Technician (Children's Waiver)		96102			0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103			0	0	\$0	\$0	\$0	0
Assessments-Other		96105		Encounter	0	. 0	\$0	\$0	\$0	0
Assessments-Other		96110		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111		Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115		Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116			0	0	\$0	\$0	\$0	0
Assessments-Testing		96117		Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118			0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119			0	0	\$0	\$0	\$0	0

Monroe				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neuropsych test Admin w/Comp (Children's Waiver)		96120			0	0	\$0	\$0	\$0	0
Physical Therapy		97001	4	Encounter	2	3	\$297	\$148	\$99	2
Physical Therapy		97002		Encounter	15	28	\$2,769	\$185	\$99	2
Occupational Therapy		97003		Encounter	18	23	\$8,164	\$454	\$355	1
Occupational Therapy		97004		Encounter	70	269	\$86,193	\$1,231	\$320	4
Occupational or Physical Therapy		97110		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	6	\$710	\$710	\$118	6
Occupational or Physical Therapy		97532		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755		15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97760		15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762			0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802		15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803		15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804		30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233			0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99241		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243		Encounter	0	0	\$0	\$0	\$0	0
				Discounter .	<u> </u>	······································	ΨΟ		Φυ	

Monroe				Unit						
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99244		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	****	99251		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	-	99255		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263		Encounter	0	0	\$0	-\$0	\$0	0
Additional Codes-Physician Services		99271		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274		Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506		Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090		Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110		Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120			0	0	\$0	\$0	\$0	0
Transportation		A0130			0	0	\$0	\$0	\$0	0
Transportation		A0140			0	0	\$0	\$0	\$0	0
Transportation		A0160		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		A0170			0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428			0	0	\$0	\$0	\$0	0
General dental services		D0150			0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180		Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220			0	0	\$0	\$0	\$0	. 0
Intraoral periapical		D0230			0	0	\$0	\$0	\$0	0
Bitewings		D0274			0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110	***		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332			0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391			0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392			0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393			0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750			0	0	\$0	\$0	\$0	0
Peridontal, main		D4910			0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210			0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310			0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920			0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340		15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	\$0	\$0	\$0	0

Monroe	Daniel Carlo	HODOS C. I.	M. 4:0	Unit		** *	Cont	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Modifier	Measure	Cases	Units	Cost			
Family Training/Support EBP only		G0177		Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351			0	0	\$0	\$0	\$0	0
Assessment		H0002		Encounter	3	3	\$1,007	\$336	\$336	<u> </u>
Crisis Residential Services		H0018		Days	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031		Encounter	286	942	\$279,567	\$978	\$297	3
Treatment Planning		H0032		Encounter	2	6	\$1,433	\$716	\$239	3
Health Services		H0034		15 Minutes	3	47	\$1,892	\$631	\$40	16
Home Based Services		H0036		15 Minutes	2	887	\$27,231	\$13,615	\$31	444
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA			0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	1	73	\$1,628	\$1,628	\$22	73
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045		Per Diem	20	215	\$14,407	\$720	\$67	11
Behavior Management Review		H2000		Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011		15 Minutes	17	74	\$1,952	\$115	\$26	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	119	373,565	\$1,105,752	\$9,292	\$3	3,139
Community Living Supports (15 Minutes)		H2015		15 Minutes	149	1,046,474	\$3,746,377	\$25,143	\$4	7,023
Community Living Supports (Daily)		H2016		Per Diem	10	1,809	\$59,136	\$5,914	\$33	181
Community Living Supports (Daily)		H2016	TF	Per Diem	45	10,595	\$512,056	\$11,379	\$48	235
Community Living Supports (Daily)		H2016	TG	Per Diem	65	14,979	\$1,866,683	\$28,718	\$125	230
Behavior Services		H2019		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2021		15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022		Days	3	17	\$5,945	\$1,982	\$350	6
Supported Employment Services		H2023		15 minutes	24	16,718	\$216,832	\$9,035	\$13	697
Mental Health Therapy		H2027		15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	9	17,009	\$62,593	\$6,955	\$4	1,890
Medication Review		M0064		Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209		Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215		Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110		15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111		Encounter	1	1	\$127	\$127	\$127	1
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	. 5	53	\$6,471	\$1,294	\$122	11
Chore Services		S5120		15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140		Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145		Days	0	0	\$0	\$0	\$0	0
Respite		S5150		15 Minutes	0	0	\$0	\$0	\$0	0
Respite	•	S5151		Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165		Service	1	1	\$3,985	\$3,985	\$3,985	1
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		\$8990		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123		Hour	1	1,097	\$66,577	\$66,577	\$61	1,097
Private Duty Nursing		S9123			0	0	\$0	\$0	\$0	0
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Persons with Developmental Disabilities